MAXIMUS Federal Services

Case Number:	CM14-0095034		
Date Assigned:	09/15/2014	Date of Injury:	11/02/1992
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old female who reported an injury on 11/02/1992. Mechanism of injury was not submitted for review. The injured worker has diagnoses of complex regional pain syndrome, lumbar degenerative disc disease, lumbar radiculopathy, chronic lumbar back pain, and thoracic pain with mild degenerative changes. Past medical treatment consist of the use of paraffin wax and medication therapy. Medications include Percocet and Effexor. The injured worker has undergone x-rays and MRIs. On 07/28/2014, the injured worker complained of back pain. It was noted in physical examination that the injured worker had a pain rate of 3/10 with medication. Examination also revealed that the mid to lower cervical spine and across lumbosacral area in the midline was tender to palpation. There was mild decrease in temperature of the left hand. Light touch sensation was intact in the upper extremities. The injured worker had mild restriction of wrist extension in the left, compared to the right. The injured worker was able to hyperextend the fingers on the right side by about 10 degrees. The medical treatment plan is for the injured worker to continue the use of Effexor. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Effexor HCL 75mg, #30 Refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, . Page(s): page 13.

Decision rationale: The request for Effexor HCL 75mg, #30 Refills 3 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in of use analgesic medication, and sleep quality and duration. Side effects include excessive sedation especially that which would affect work performance, should be assessed. The optimal duration of treatment is not known because most double blind trials of been of short duration, between 6 to 12 weeks. Submitted documentation did not indicate the efficacy of the medication. It was also not noted what pain levels were before, during, and after medication administration. Furthermore, there was no indication in the submitted report that the injured worker had any neuropathic pain. Additionally, there were no diagnosis submitted for review indicating that the injured worker was congruent within the recommended guidelines. The request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.