

Case Number:	CM14-0212474		
Date Assigned:	01/02/2015	Date of Injury:	04/19/2004
Decision Date:	03/13/2015	UR Denial Date:	11/16/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

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

Injured worker is a 50 year old female with date of injury 4/19/2004. Date of the UR decision was 11/18/2014. She suffers from cervical spine pain, cervical degenerative disc disease, cervical radiculopathy, bilateral carpal tunnel syndrome, status post carpal tunnel release (two on left, one on right) and depression associated with chronic pain. Treatment so far has included physical therapy, epidural steroid injections Per report dated 11/21/2014, injured worker was being treated for Major Depressive Disorder, Single Episode, Severe; Pain Disorder associated with both Psychological Factors and a General Medical Condition. It was indicated that she had a partial response to titrating Venlafaxine ER to 300mg and it was her 5th of 5 approved sessions between 5/30/14 and 11/30/14. She was being continued on Venlafaxine ER 300mg per day, Lunesta 3mg nightly, Clonazepam 1mg twice daily, Lamotrigine 300mg daily and Topamax 100mg twice daily. The response from Venlafaxine was deemed as questionable per the progress reports. She continued to be tearful and worried per the progress report dated 11/21/2014. There was no mention of objective functional improvement except the statement "now able to appreciate humor in the Session."

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 150 mg # 60 per month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

Decision rationale: Per guidelines, SNRI's are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Faustina, 1997) (Per rot, 2006) Tricyclic are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saar to-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker has been diagnosed with Major Depressive Disorder, Single Episode, Severe; Pain Disorder associated with both Psychological Factors and a General Medical Condition. The request for Venlafaxine ER 150 mg # 60 per month for 12 months is excessive and not medically necessary as it is not clinically indicated to continue the medication for an extended period such as 12 months without proper follow up or monitoring. The decision to continue a medication should be based on response in form of subjective and objective improvement which can be achieved by monitoring at regular intervals.