

Case Number:	CM14-0218212		
Date Assigned:	01/07/2015	Date of Injury:	02/03/2010
Decision Date:	03/11/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

The injured worker is a 44 year old male who suffered a work related injury on 02/03/2010. He was working as a tree trimmer, when he fell 20 feet, landing with his arms outstretched and hitting his head, with brief loss of consciousness. He had a psychology evaluation on 10/01/14, at which time he attested to subjective sadness and anxiety related to chronic pain, financial stressors, and underemployment. Beck Inventories were extreme for depression and moderate for anxiety. Diagnoses was major depressive disorder single episode moderate. Medications were deferred to a physician. Per the physician notes from 12/08/14 he complains of pain at a 6-7/10 level. He continues for take venlafaxine with no side effects. Decreased range of motion was noted in the lumbar spine and pain elicited with walking on toes. Tenderness is noted to palpation in the spine. Diagnoses include cervical, thoracic, and lumbar sprain/train. The treatment plan includes continued conservative care, authorization request for RI brain, discontinue fenoparofen and omeprazole, continue venlafaxine and tramadol/apap, psych evaluation, obtain records of MRI done 08/04/14, evaluation with neurologist, psychology QME, and request acupuncture. The venlafaxine was denied by the Claims Administrator on 12/17/14 and was subsequently appealed for Independent Medical Review. The patient was receiving CBT, with four sessions as of 12/02/14. At that session he had mild improvement and stated that he felt no improvement with antidepressants. The patient There are no further records included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine Tab 37.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Decision based on Non-MTUS Citation Antidepressants for treatment of MDD (major depressive disorder) Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Drug selection criteria. The American Psychiatric Association has published the following considerations regarding the various types of anti-depressant medications: (1) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects; (2) In addition to the SSRIs, other anti-depressant medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and venlafaxine;

Decision rationale: Venlafaxine is an antidepressant, which is a non-SSRI likely to be optimal in the treatment of major depressive disorder. On 06/24/14 there is documentation that he was also on sertraline. The rationale for the use of venlafaxine in this patient is unclear. There is no psychiatric evaluation. Venlafaxine is also used off-label in fibromyalgia and neuropathies. Although he does suffer from numbness and tingling in his left fingers and hand, it is unclear from orthopedic notes if venlafaxine is being used in this capacity. This request is therefore noncertified.