

Case Number:	CM15-0121900		
Date Assigned:	07/06/2015	Date of Injury:	11/10/2014
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 47 year old female patient, who reported an industrial injury on 11/10/2014. The diagnoses include post-traumatic stress disorder (PTSD); chronic pain; obesity; and disability with financial hardship. She reported psychological symptoms developed from harassment and stress. Per the progress notes dated 4/23/2015, she reported having felt better and well rested until 2 weeks prior due to external stressors. She had following symptoms with slightly decreased in intensity- depressed mood with anhedonia; poor concentration, attention and memory; increased appetite with weight gain; poor self-esteem; low energy; irritability; and anxiety with somatic, visceral, sensory and autonomic symptoms. She reported no changes in: her intrusive thoughts of the sexual harassment by her boss; her avoidance of thoughts or feelings about the sexual harassment; or of people/places/activities that remind her of it; or of her hyper-vigilance and exaggerated startle response to it; or her loss of libido. The objective findings revealed obese; easily agitated and brought to tears; responded with anger and rising of voice when confronted with medication intake; with a circumstantial and intermittently tangential thought process; with poor concentration and very forgetful; and with fair abstract, judgment, and insight. The medications list includes effexor. Patient has tried trazodone for insomnia. Per the note dated 3/27/15, the other medications list includes tramadol, ranitidine, sucralfate, ibuprofen, naproxen, omeprazole and artichoke extract. Her treatments were noted to include group psychotherapy; medication management; and return to work with restrictions. The physician's requests for treatments were noted to include the continuation, and increase, of Effexor Extended Release to twice a day, for PTSD and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor), page 123.

Decision rationale: Q-- Effexor XR 75mg #60 with 1 refill. According to CA MTUS guidelines cited below Venlafaxine (Effexor) is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders." According to the records provided, patient had a diagnosis of PTSD, chronic pain with symptoms of depression and anxiety. She has significant objective findings-easily agitated and brought to tears; responded with anger and rising of voice when confronted with medication intake; with a circumstantial and intermittently tangential thought process; with poor concentration and very forgetful; and with fair abstract, judgment, and insight. SNRIs like Effexor are a first line option for patients with chronic pain and depression. The request for Effexor XR 75mg #60 with 1 refill is medically appropriate and necessary for this patient.