

Case Number:	CM15-0122034		
Date Assigned:	07/06/2015	Date of Injury:	02/25/2015
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
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: North Carolina
 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:

The injured worker (IW) is a 36-year-old female who sustained an industrial injury on 02/25/2015. Diagnoses include thoracic spinal cord injury. Treatment to date has included medications, surgery and physical therapy. The inpatient history and physical on 3/5/15 noted significant anxiety and depression for which she was started on lorazepam as needed and mirtazapine at bedtime. Her past medical history included depression, as well. The physical exam demonstrated sensation was absent from T11 to S5. Her sensory and motor neurological level was T1. According to the progress notes dated 5/5/15, the IW reported a decrease in upper extremity strength due to a gap in physical therapy (PT) sessions; she was eager to regain her strength. The notes stated she was currently in PT twice weekly. She wore her back brace (TLSO) as directed. She reported regular bowel movements and self-catheterization. Medications included Percocet 5/325mg two tablets three times daily, Valium 5mg at night and Neurontin 600mg three times daily. She indicated interest in pool therapy to increase strength. X-rays of the thoracic/lumbar spine on 5/5/15 showed no evidence of hardware failure. On examination, she sat upright in a wheelchair, wearing a TLSO brace. She was alert and oriented with a Glasgow score of 15. Motor strength of the bilateral upper extremities was 5/5. A request was made for Venlafaxine 75mg #30 due to depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine 75mg PO daily #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Pain Chapter vitamin D, ACOEM Chapter 6 page 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, venflexaine.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression and anxiety. The patient has both of these diagnoses per the provided medical documentation with no contraindications to taking the medicine. Therefore, the request is medically necessary.