

<b>Case Number:</b>	CM15-0123294		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	04/06/2007
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: 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:

The injured worker is a 28 year old female, who sustained an industrial injury on 4/6/07. The diagnoses have included chronic pain, closed hip fracture, sacroiliac strain/sprain, depression and lumbar degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, heat, transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 6/1/15, the injured worker complains of continued hip and low back pain rated 4/10 on pain scale. She reports taking Venlafaxine 225 MG daily with relief of pain. The objective findings reveal depressed affect, tenderness to palpation and abnormal gait. Work status is modified with restrictions. The physician requested treatment included Venlafaxine 150mg #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venlafaxine 150mg #30 Refills: 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor (R)), Anti-depressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 141. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Anti-depressants for treatment of MDD (major depressive disorder).

**Decision rationale:** MTUS states "SSRIs (selective serotonin reuptake inhibitors); Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain" ODG states "MDD (major depressive disorder) treatment, severe presentations; The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with chronic pain secondary to closed hip fracture, sacroiliac strain/sprain and also developed symptoms of depression which are being treated with Venlafaxine. Per the submitted documentation, she has had good relief in symptoms with the use of this medication. Thus, the request for Venlafaxine 150mg #30 Refills: 2 is medically necessary for continued treatment of the chronic pain as well as depressive symptoms. Thus, will respectfully disagree with UR physician's decision.