

Case Number:	CM15-0125420		
Date Assigned:	07/09/2015	Date of Injury:	10/06/2009
Decision Date:	08/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 male patient, who sustained an industrial injury on 10/6/09. The diagnoses include lumbago, chronic pain syndrome, left knee osteoarthritis and depression. Per the PR2 dated 4/29/15, he had complaints of chronic low back pain with radiation to the bilateral lower extremity and left knee pain; ongoing depression due to chronic pain. He rated his pain at 7/10. He indicated that he reduced his Effexor from two pills daily to one pill daily and this is controlling his depression. The physical examination revealed decreased lumbar range of motion, positive straight leg raising on the left; left knee- positive crepitus and medial and lateral joint line tenderness; cognitive function intact. The medications list includes norco, terocin lotion, Trazodone, effexor, tramadol, ranitidine, amoxicillin, clarithromycin and hydrocortisone cream. He has had lumbar MRI on 4/29/2015. He has had physical therapy visits for this injury. The treating physician requested Effexor XR 37.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR cap 37.5mg 1 cap PO up to 30 days #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

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

Decision rationale: Effexor XR cap 37.5mg 1 cap PO up to 30 days #30 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 chronic low back pain with radiation to the bilateral lower extremity and left knee pain; ongoing depression. He had a positive straight leg raise test on the left. SNRIs like Effexor are a first line option for patients with chronic pain and depression. In addition, per the records provided patient reduced his Effexor from two pills daily to one pill daily and this is controlling his depression. The request for Effexor XR cap 37.5mg 1 cap PO up to 30 days #30 is medically necessary for this patient.