

<b>Case Number:</b>	CM15-0127444		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 42 year old male, who sustained an industrial injury on September 3, 2008. He reported injury to the low back and left ankle. The injured worker was diagnosed as having discogenic lumbar condition, ankle inflammation, chronic pain syndrome and depression. Treatment to date has included diagnostic studies, psychiatric examination, injections, medications, transcutaneous electrical nerve stimulation unit, ankle brace, hot and cold wrap. The transcutaneous electrical nerve stimulation unit was noted to not be strong enough. On May 19, 2015, the injured worker walked with a limp and could not walk on his heels and toes. There was swelling along the ankle joint and tenderness along the anterior ankle as well as the retro-Achilles area. Subjective complaints included issues with sleep, gastrointestinal irritation and pain with bowel movements causing quite a bit of back pain. The treatment plan included medications and a transcutaneous electrical nerve stimulation unit. On June 2, 2015, Utilization Review non-certified the request for Effexor XR 75 mg #60 and Neurontin 600 mg #90, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor extended release 75mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 124.

**Decision rationale:** According to MTUS guidelines, "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. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day." Effexor is generally considered after failure of tricyclic antidepressants or if they are poorly tolerated or contraindicated for treatment of chronic pain. Although the patient developed a chronic pain syndrome, there is no clear indication that he is suffering from depression. There is no documentation of failure, intolerance or contraindication for tricyclic antidepressant to favor the use of Effexor. There is no documentation of the medical necessity to use Effexor and the modalities to assess its efficacy and side effects. Therefore, the request for Effexor extended release 75mg quantity 60 is not medically necessary.

**Neurontin 600mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There is no documentation that the patient sustained a neuropathic pain. Therefore, the prescription of Neurontin 600mg #90 is not medically necessary.