

Case Number:	CM15-0129447		
Date Assigned:	07/15/2015	Date of Injury:	04/05/2004
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 5, 2004. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for Effexor. The claims administrator referenced an RFA form of March 26, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated June 4, 2015, the applicant reported ongoing complaints of neck and arm pain, unchanged from the preceding visit. Lifting and turning remained problematic. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In a separate narrative report dated June 4, 2015, the applicant reported ongoing complaints of neck and arm pain. The applicant had received acupuncture with some relief. The applicant was on Naprosyn, Flexeril, Protonix, and Lyrica, it was reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In April 29, 2015 progress note; the applicant reported ongoing complaints of neck pain radiating to the left arm. The applicant was using Lyrica, Naprosyn, Flexeril and Protonix, it was reported. There was no mention of Effexor being employed on this date. Permanent work restrictions were renewed. Once again, it was not stated whether the applicant was or was not working with said limitations in place. On a handwritten note dated March 26, 2015, the applicant was given refills of Naprosyn, Protonix, Flexeril, and Lyrica. Permanent work restrictions were renewed. There was no mention of the applicant's using Effexor on this date.

A separate narrative report dated March 26, 2015 likewise made no mention of the applicant is using Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Late Referral) Effexor ER 37.5mg #30: Upheld

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); Functional Restoration Approach to Chronic Pain Management Page(s): 16; 7.

Decision rationale: No, the request for Effexor, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Effexor, an atypical antidepressant, is FDA approved in the treatment of anxiety, depression, panic disorder, and social phobia, but can be employed off label for fibromyalgia, neuropathic pain, and diabetic neuropathy, here, however, it was clearly stated for what issue, diagnosis, and/or purpose Effexor was being employed. Multiple progress notes, referenced above, of mid-2015, made no mention of the applicant's usage of Effexor. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should be knowledgeable regarding prescribing information and should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's progress notes and reports of mid 2015 made no mention of Effexor usage and did not outline for what purpose Effexor was being employed. The information on file, in short, failed to support or substantiates the request. Therefore, the request was not medically necessary.