

Case Number:	CM15-0140398		
Date Assigned:	08/20/2015	Date of Injury:	08/04/2011
Decision Date:	10/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old female, who sustained an industrial injury on 8-4-2011. The mechanism of injury is injury from a fall. The current diagnoses are lumbar disc displacement without myelopathy, sciatica, and long-term medication use. According to the progress report dated 5-8-2015, the injured worker complains of low back pain with radiation into her lower extremity. The pain is rated 8 out of 10 on a subjective pain scale. She continues to report decrease in function and activities of daily living. The physical examination of the lumbar spine reveals spasm and guarding, restricted range of motion, and positive straight leg raise on the right. The current medications are Buprenorphine, Capsaicin, Venlafaxine, Gabapentin, and Pantoprazole. There is documentation of ongoing treatment with Venlafaxine since at least 4-21-2015. Treatment to date has included medication management, modified duty, physical therapy, aqua therapy, chiropractic, MRI studies, and functional restoration program. She defers injections at this time. Work status is described as permanent and stationary. A request for Venlafaxine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Venlafaxine ER 37.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain/ Venlafaxine Page(s): 16.

Decision rationale: MTUS supports this medication for depression as well as multiple forms of neuropathic and non-neuropathic pain which have been diagnosed in this case. The records document benefit from this medication. An initial physician review recommended non-certification of this request not on clinical grounds but rather because a 30-day supply had been certified less than 30 days before a new request was initiated. Consistent with that reasoning, this current request is not medically necessary. However, this is not meant to preclude future requests for this medication in a schedule consistent with the prescription dosing instructions.