MAXIMUS Federal Services

Case Number:	CM15-0147548		
Date Assigned:	09/04/2015	Date of Injury:	04/28/1998
Decision Date:	10/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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:

The injured worker is a 57-year-old female, who sustained an industrial injury on April 28, 1998, incurring upper back and shoulder injuries. She was diagnosed with cervical radiculopathy, right shoulder impingement syndrome, and occipital neuralgia. Treatment included pain medications, proton pump inhibitor, anti-inflammatory drugs, antidepressants, and home exercise program and activity modifications. Currently, the injured worker complained of increased pain in her shoulders. She noted weakness, numbness, burning, cramping and spasms. She rated her pain 10 out of 10 on a bad day and 5 out of 10 on a good day. Her pain was aggravated by heat, cold, and activity, sitting, standing and walking. She developed increased depression secondary to chronic pain and frequent headaches. She was diagnosed with major depression and chronic pain. The treatment plan that was requested for authorization included prescriptions for Docusate Sodium and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250 mg Qty 60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://pubchem.ncbi.nlm.nih.gov/compound/Docusate_sodium.

Decision rationale: Docusate Sodium is the sodium salt of docusate, a dioctyl salt and an emollient laxative with stool-softening activity. Docusate decreases surface tension and emulsification of fecal matter and allows water to penetrate and mix with stool. As a result, it softens the stool. This medication is supported for opioid induced constipation. The request for Docusate Sodium 250 mg Qty 60 with 3 refills is medically necessary and appropriate.

Effexor 75 mg Qty 60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter/PTSD pharmacotherapy.

Decision rationale: According to ODG, among the pharmacological treatments for PTSD, there is evidence of moderate strength supporting the efficacy of venlafaxine for improving PTSD symptoms. Paroxetine and venlafaxine may have the best evidence supporting their efficacy. Unlike the other medications with evidence of efficacy for improving PTSD symptoms, they both also have evidence of efficacy for achieving remission, Per ODG, venlafaxine has evidence of efficacy for improving depression symptoms, quality of life, and functional impairment. The injured worker is diagnosed with major depression. Efficacy is noted with utilization of this medication. The request for Effexor 75 mg Qty 60 with 3 refills is medically necessary and appropriate.