

Case Number:	CM15-0172380		
Date Assigned:	09/14/2015	Date of Injury:	04/21/2011
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old female with an industrial injury dated 04-21-2011. Medical record review indicates she is being treated for discogenic lumbar condition with radicular component down the left lower extremity, hip joint inflammation and depression, stress and weight gain. She presents on 07-30-2015 with lumbar spine pain that shoots down her left lower extremity. The provider documents the injured worker has limitation with bending, sitting, standing, walking and forceful activities. Physical findings on lumbar spine exam are documented as flexion of 40 degrees, extension at 10 degrees with tenderness along lumbosacral area, left hamstring, left buttock and left calf. The provider documents "Due to chronic pain and inactivity, the patient has an element of depression, stress and weight gain." The treatment plan included seeing a psychiatrist for consultation and medications to include Effexor, Celebrex, Protonix, Topamax, Tramadol and Lunesta. Prior treatments include trigger point injections, eight therapy sessions, eight chiropractic visits and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 7.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for low back pain with left lower extremity radicular symptoms hip pain, and secondary depression, stress, and weight gain. When seen, physical examination findings included persistent left groin tenderness. There was pain with hip range of motion. There was decreased lumbar spine range of motion with tenderness and positive straight leg raising with left lower extremity weakness. Medications were refilled. Effexor XR was being prescribed, variably reported as for depression, spasms, and radicular pain. The dose was 75 mg per day. Anti-depressant medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and Effexor (venlafaxine). The claimant has depression and neuropathic pain and the dose being requested is within that recommended. Ongoing prescribing was medically necessary.