

<b>Case Number:</b>	CM15-0175504		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/07/2015

### 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, North Carolina  
 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 42 year old female, who sustained an industrial-work injury on 2-13-13. She reported initial complaints of neck pain. The injured worker was diagnosed as having degeneration of cervical intervertebral disc. Treatment to date has included medication, cognitive behavior therapy (2 sessions), ESI (epidural steroid injection), and diagnostics. MRI results of the cervical region were reported on 5-19-14 noting multilevel degenerative disc disease with small disc osteophytes with no cord impingement. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 5-30-14 that was grossly normal. Currently, the injured worker complains of chronic neck pain that radiates into her upper back and at times does radiate into her bilateral upper extremities. Medication buprenorphine is helpful for pain reduction but causes drowsiness. She is working full duty. Venlafaxine helps with depression but also reports anxiety with follow up at cognitive behavior therapy. Per the primary physician's progress report (PR-2) on 7-20-15, exam noted anxiety, normal muscle tone. Urine drug screen was negative for Buprenorphine on 6-22-15. The ESI (epidural steroid injection) had good benefit. The Request for Authorization date was 8-31-15 and requested service included Buprenorphine 0.1mg Sublingual Troches #30 for DOS: 7/20/15 and Venlafaxine HCL ER 37.5mg #120. The Utilization Review on 9-3-15 denied the request for the remaining #10 tablets of Buprenorphine 0.1 mg sublingual troches #30 due to reducing the pain and improve the ability for doing ADL's (activities of daily living) but caused drowsiness and weaning is appropriate and also the remaining #60 tablets of Venlafaxine Hcl 37.5 mg #120 since there was no documentation to support severe depression and should be weaned.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Buprenorphine 0.1mg Sublingual Troches #30 for DOS: 7/20/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS states that Buprenorphine is an opioid medication indicated for pain. In this case, the patient is using the medication on a prn (as needed) basis. A modified request was previously approved for #20 sublingual troches (ST) for the purpose of weaning the patient from the medication. This request is for the remaining #10 STs of the original #30 request. Since the patient is not requiring or using the medication on a consistent basis, she should be weaned off the medication. Consideration should be given to managing her symptoms with a non-opioid medication. In this case, there is no documentation of significant pain reduction in terms of VAS scores or improved ADLs. There is also no documentation of lack of aberrant behavior, side effects, pain contract, urine drug screen or CURES monitoring. Therefore, based on the above findings, the request is not medically necessary or appropriate.

### **Venlafaxine HCL ER 37.5mg #120: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** CA MTUS Guidelines state that antidepressants such as Venlafaxine are recommended as first-line agents for neuropathic pain. The FDA has approved Venlafaxine for anxiety, depression, panic disorder and social phobia. Off-label use includes fibromyalgia, neuropathic pain and diabetic neuropathy. In this case, the patient reports neck pain that radiates to the upper back and bilateral upper extremities. She also reports improvement of her depression with Venlafaxine. The previous denial was based on no physical exam signs of depression and lack of a diagnosis of severe depression. Most patients with depression have few, if any, physical exam findings. In addition, Venlafaxine is not restricted only to patients with severe depression, but can be effectively utilized in patients with lesser degrees of depression. Therefore the Venlafaxine is medically necessary and appropriate.