

Case Number:	CM15-0175622		
Date Assigned:	09/17/2015	Date of Injury:	05/03/2005
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 injured worker is a 54-year-old female who sustained an industrial injury on 5-3-05 from a twisting and lifting incident resulting in lower back pain and was diagnosed with L4-5 and L5-S1 degenerative disc disease and foraminal stenosis. She is currently not working. Diagnosis was major depressive disorder, single episode, severe; chronic progressive lower back pain and left leg radiating pain; status post anterior lumbar interbody fusion at L4-5 and L5-S1 (9-30-08); rule out lumbar stenosis, instability; rule out frank neurologic deficit; failed back surgery syndrome; left L4-5 and L5 radiculopathy. She currently (8-7-15) complains of left leg pain, burning pain in the buttocks, thigh calf to the heel. Her pain level was 10 out of 10 resulting in severe limitation of activities of daily living and functionality and when she has a bowel movement there is tingling below her waist all since the surgery. On physical exam of the lumbar spine, there was mild pain on palpation, no antalgic gait and she can heel to toe walk without difficulty. The 8-4-15 note indicates the treatment plan has led to resolution of suicide risk. Per the 7-23, 15 note she continues to be depressed. On 4-15-15, she had an emergency room visit due to increased back pain. The 4-2-15 progress note indicates that with the combination of Effexor and Adderall she has reached maximum and medical improvement and off of these medications she has deteriorated. She was ruminative and restless. Treatments to date include Percocet, Adderall, quetiapine (Seroquel), gabapentin, tizanidine, Motrin, oxycodone; anterior lumbar interbody fusion at L4-5 and L5-S1 (9-30-08) resulting in no leg pain per 10-7-08 note part of 8-7-15 evaluation; psychiatric treatments. In the progress note, dated 7-23-15 the treating provider's plan of care included a request to continue Effexor ER 150 mg. The request for authorization

dated 8-4-15 indicates venlafaxine ER 150mg #30 for 12 months. On 8-12-15 utilization review evaluated and modified the request for venlafaxine ER 150mg #30 with 11 refills to #30 and 5 refills based on the need for reassessment as to the effectiveness and side effects and providing a year's supply without assessment would not be supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER (extended release) 150 mg Qty 30 with 11 refills: 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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Venlafaxine (Effexor) Section.

Decision rationale: The MTUS Guidelines and ODG recommend the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. In this case, the injured worker is diagnosed with major depressive disorder. Per the available documentation, her depression is much worse without Venlafaxine and manageable with the medication. Although the antidepressant, Venlafaxine is warranted in this case, providing a year of refills without reassessment for efficacy and possible side effects is not considered appropriate. The request for Venlafaxine ER (extended release) 150 mg Qty 30 with 11 refills is determined to not be medically necessary.