

<b>Case Number:</b>	CM15-0039160		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/12/2001
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 55 year old female, who sustained a work/ industrial injury on 1/12/01 when she pulled a pallet jack through the door and her hand got caught in the doors and injured her fingers. She has reported initial symptoms of pain in left arm, hand, fingers, and shoulder. The pain radiated up to the neck and relates it as constant, sharp, shooting, and having a burning sensation. The injured worker was diagnosed as having chronic pain syndrome. Treatments to date included medication, acupuncture, and psychotherapy. Medications included Lyrica, Omeprazole, Percocet, and Topamax. Currently, the injured worker complains of persistent hand, arm, hand, fingers, and shoulder pain as well as insomnia, depression, migraine headaches, and anxiety. Diagnosis was left reflex sympathetic dystrophy. The secondary treating physician's progress report (PR-2) on 11/28/14 reported anxiety levels increased along with gastrointestinal problems and difficulty with sleep. Treatment plan included psychotherapy. Diagnosis was major depression, adjustment disorder, and pain disorder, associated with both psychological and general medical condition. Venlafaxine (Effexor), Risperidone, and Lunesta was ordered for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venlafaxine XR 150mg, #270 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 16.

**Decision rationale:** Venlafaxine is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is FDA-approved for anxiety, depression, panic disorder, and social phobias. It is used off-label for fibromyalgia, neuropathic pain and diabetic neuropathy. Side effects include dizziness, fatigue, somnolence drowsiness, anxiety and insomnia. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The maximum daily dose is 300 mg daily. In this case the requested daily dose of medication is 450 mg. This surpasses the recommended maximum daily dose. The request should not be authorized.