

Case Number:	CM15-0043201		
Date Assigned:	03/13/2015	Date of Injury:	08/31/2011
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 45 year old male, who sustained an industrial injury on August 31, 2011. The injured worker was diagnosed as having pain in hand joint status post right distal phalanx fracture right thumb with neuropathic pain, sacrum disorders, sciatica, and unspecified major depression, recurrent episode. Treatment to date has included electromyography (EMG), MRI of the lumbar spine, acupuncture, chiropractic treatments, physical therapy, and medication. Currently, the injured worker complains of chronic low back pain radiating down his right lower extremity, headaches, neck pain, anxiety, and depression. The Treating Physician's report dated January 7, 2015, noted the injured worker reporting a pain level of 7-8/10 on the visual analog scale (VAS). A bilateral lower extremity electromyography (EMG) dated January 13, 2012, was noted as a normal study. Current medications were listed as Ketamine Cream, Venlafaxine HCL ER, Gabapentin, and Orphenadrine-Norflex ER. The injured worker was noted to have failed conservative treatments, and had deferred lumbar epidural steroid injection (ESI), invasive procedures, and a functional restoration program. The Physician noted the injured worker was encouraged to stay as active as possible with the home exercise program (HEP), with discussion on diet and exercise to lose weight and put less stress on his back. Medications were noted to help with pain and function, and were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine HCL ER 37.5mg (Effexor): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49, 63, 111-113, and 123.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, venlafaxine.

Decision rationale: Venlafaxine is recommended as an option in the first-line treatment for neuropathic pain and is also FDA approved for the treatment of depression and anxiety disorders. The note dated January 7, 2015 includes a diagnosis of both neuropathic pain as well as depression. The injured employee has been prescribed gabapentin for the neuropathic symptoms and venlafaxine for depression. Considering this, this request for venlafaxine is medically necessary.