

Case Number:	CM15-0067110		
Date Assigned:	04/14/2015	Date of Injury:	07/28/2000
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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, Massachusetts
 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:

This 60-year-old male sustained an industrial injury on 7/28/00. He subsequently reported left arm and elbow pain. Diagnoses include bilateral arm tenosynovitis, osteoarthritis and carpal tunnel syndrome. Treatments to date have included x-rays, MRIs, surgeries, therapy and prescription pain medications. The injured worker continues to experience left arm pain and weakness. A request for Venlafaxine medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine XR 75mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Antidepressants for Pain Page(s): 15-16.

Decision rationale: The prescribed medication is appropriate for continued treatment of the IW's chronic neuropathic pain based on the supporting medical records and cited guidelines. According to the peer reviewer's notes, due to changing symptoms and findings, regular

(monthly) evaluations are necessary. A three-month prescription for a clinically necessary medication is appropriate for a patient that has had chronic pain since 2000 and has been stable as of recent. Therefore, the request is medically necessary.