

<b>Case Number:</b>	CM15-0067670		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/28/2008
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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  
Certification(s)/Specialty: Internal 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 48 year old male with an industrial injury dated 12/26/2008. His diagnoses include lumbago and depression. Prior treatments included medications, treatment by a pain specialist and physical therapy. He presents on 03/25/2015 for follow up for his back. The treating physician documents pain is "normal" at this point with a rating of 6/10. The injured worker remained on opioids as prescribed by pain management specialist. Neurovascular examination including reflexes, sensation and pulses were within normal limits. Psychiatric exam noted the injured was not anxious or paranoid. Normal insight and normal judgment were present. There was no suicidal ideation. Treatment plan included increasing the dosage of Effexor as recommended by the pain specialist and proceeding with ablation as scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR (extended release) 150 mg Qty 390:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Effexor XR <http://www.drugs.com/pro/effexor-xr.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information warns that all patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases. The progress report dated 3/25/15 documented a history of chronic low back pain. Medications included Oxycontin, Norco, Lyrica, and Effexor XR 75 mg daily. Effexor XR was increased from 75 mg daily to 150 mg daily. The dose of Effexor XR was increased on 3/25/15. Effexor XR 150 mg #30 with 12 refills was requested. This is a total quantity of 390 capsules over 13 months. Per FDA guidelines, all patients being treated with antidepressants for any indication should be monitored appropriately and observed closely, especially at times of dose changes. The FDA guidelines do not support the request for a 13 months' supply of Effexor XR. Therefore, the request for Effexor XR is not medically necessary.