

Case Number:	CM15-0068852		
Date Assigned:	04/16/2015	Date of Injury:	05/19/2009
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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:

This 53 year old man sustained an industrial injury on 5/19/2009. The mechanism of injury is not detailed. Evaluations include bilateral knee MRIs. Diagnoses include bilateral internal derangement of the knees, lumbar spine condition with radicular component, discogenic cervical condition with radicular component, chronic pain, sleep disorder, headaches, anxiety, and depression. Treatment has included oral medications, neck collar with gel, neck traction with air bladder, hot and cold wrap, TENS unit, cane, bicycle rides, orthotics, cortisone injections to the bilateral knees, Hyalgan injections, and knee braces. Physician notes on a PR-2 dated 2/17/2015 show complaints of pain, stiffness, and buckling in the bilateral knees. Recommendations include custom unloading braces for the bilateral knees, Hyalgan injections x 5 for each knee, physiatry consultation, electromyography for upper and lower extremities, laboratory testing, Prozac, functional capacity testing, standing x-rays of the bilateral knees, Nalfon, Effexor, Flexeril, Ultracet, Trazodone, urine drug screen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16.

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. For neuropathic pain, recent reviews recommended SNRIs (i.e., Venlafaxine) as first line options. For non-neuropathic pain, antidepressants are recommended as an option in depressed patients. Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. The orthopedic progress report dated 2/17/15 documented lumbar condition with radicular component, cervical condition with radicular component, chronic pain, anxiety, and depression. The orthopedic progress report dated 2/17/15 documented depression, anxiety disorder, chronic pain, and nerve pain. Medical records document neuropathic pain, non-neuropathic pain, and depression, which are indications for Effexor (Venlafaxine) per MTUS. Therefore, the request for Effexor XR 75 mg is medically necessary.