

<b>Case Number:</b>	CM15-0072038		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 54-year-old female who sustained an industrial injury on 05/06/2010 due to a fall. Diagnoses include chronic pain syndrome; chronic pain due to trauma; major depressive disorder, single episode, severe; and pain disorder associated with psychological factors and medical condition. Treatment to date has included medications, physical therapy, functional restoration program, psycho-educational group therapy, hypnotherapy and group psychotherapy, which included cognitive behavioral therapy. Diagnostics included MRIs of the cervical and lumbar spine and right hip and a bone scan of the lumbar spine. According to the progress notes dated 3/9/15, the IW reported pain in the neck, low back, right knee and hip rated 8/10 without medications. The provider reported the IW appeared depressed. She had attended four sessions of functional restoration, but did not finish due to her mother's sudden death. The IW reported benefitting from the psychological therapy. A request was made for Effexor XR 75mg per capsule extended release two capsules at bedtime for 30 days, quantity 60 with no of refills: for the management of depression as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR 75mg per capsule, extended release two capsules at bedtime for 30 days, Quantity: 60, no. of refills: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition, McGraw Hill, 2010. Physician's Desk Reference, 68th edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, effexor.

**Decision rationale:** The California MTUS, ACOEM and ODG do not specifically address the requested medication. The physician desk reference states the medication is a SNRI indicated in the treatment of depression, anxiety and panic disorder. It is a first line treatment option. The patient has the diagnosis of depression. Therefore, the request is medically necessary.