

Case Number:	CM15-0091823		
Date Assigned:	05/18/2015	Date of Injury:	05/27/2011
Decision Date:	07/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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 is a 46 year old male injured at work on May 27, 2011. Current diagnoses are chronic lower back pain with lumbar radiculopathy. Treatments to date have included medications including non-steroidal anti-inflammatory drugs and opioids, behavioral medicine, bilateral sacroiliac joint blocks and selective nerve root blocks. Magnetic resonance imaging of the lumbar spine on April 10, 2014 that showed narrowed degenerative disc at L5-S1 with a broad based protrusion entering the neuroforamen with similar but lesser changes at L4-5. A progress note dated April 7, 2015 documented subjective complaints of chronic lower back pain and lumbar radiculopathy with pain radiating down the right leg and difficulty sleeping due to pain. There was some improvement in the symptoms since a recent increase in the dose of Effexor. Objective findings included positive straight leg raise on the right and tenderness over the lumbar paraspinal muscles, right greater than left. The medical record indicates that the Effexor is being used for chronic pain, not depression, and that the injured worker was stable on the medication until requiring a recent increase in the dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Venlafaxine (Effexor XR) 37.5mg Oral 24 hours SR Cap #30:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Serotonin norepinephrine reuptake inhibitors (SNRIs); Venlafaxine (Effexor) Page(s): 13-15, 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): Chp 12 pg 308; Chp 15 pg 388, 402, Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Effexor Page(s): 13-16, 45, 123.

Decision rationale: Effexor (venlafaxine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), social phobia and panic disorder. Off label use has shown it effective for treatment of neuropathic pain and migraines. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. There is no indication for use of SNRIs to treat non-neuropathic pain. This medication was prescribed for treatment of chronic neuropathic pain and documentation of its use has shown it to be helpful. Medical necessity to continue use of this medication has been established. Therefore, the request is medically necessary.