

<b>Case Number:</b>	CM15-0093047		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 51 year old female, who sustained an industrial injury, December 2, 2002. The injured worker previously received the following treatments random liver profile laboratory studies all normal findings, Flexeril, Percocet, Lyrica, Naproxen, Lidoderm Patches, Prilosec, Menthoderm topical cream, Promolaxin, physical therapy, ice packs, cortisone injections to the right shoulder, nerve conduction study of the bilateral upper extremities was negative, right shoulder MRI and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with severe depression and anxiety due to chronic pain, tendonitis of both wrists, possible reflex sympathetic dystrophy of the right upper extremity, cervical strain right great then the left, right shoulder pain and frozen right shoulder, cervical strain with cervicogenic headaches, GERD and severe constipation/obstipation due to chronic opioid use. According to progress note of February 19, 2015, the injured workers chief complaint was depression and frustration with chronic pain. The psychological examination noted the injured worker to be tearful and appeared very depressed. The injured worker had no suicidal ideations noted and no illusions noted. The injured worker lives with husband. The treating physician was requesting psychological consultation for significant depression and anxiety due to chronic pain. The treatment plan also included prescription for Effexor XR for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR cap 150 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 124.

**Decision rationale:** Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day. Effexor is generally considered after failure of tricyclic antidepressants or if they are poorly tolerated or contraindicated for treatment of chronic pain. In this case, there is no clear rationale for using Effexor. There is no documentation of failure, intolerance or contraindication for using for first line pain medications. There is no documentation on the modalities to assess its efficacy and side effects. In addition, there is no documentation on the number of caps requested. Therefore, the request for the use of Effexor XR 150mg is not medically necessary.