

<b>Case Number:</b>	CM15-0093606		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/02/2005
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/13/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female who sustained an industrial injury on 02/02/2005. Treatment provided to date has included: physical therapy, acupuncture, chiropractic manipulation, epidural steroid injections, facet joint injection, cervical spine fusion surgery and spinal cord stimulator implantation (12/29/2014), and massage therapy. Diagnostic tests performed include: CT scan of the cervical spine (12/29/2009 and 07/01/2011), and x-rays of the cervical myelogram (12/29/2009 and 07/01/2011); however, the results were not provided. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/06/2015, physician progress report noted complaints of pain in the neck, shoulders and left elbow. Neck pain is rated as 6 (0-10) and described as unchanged, aching, dull, spasms and tightness. Shoulder pain was rated 5 (0-10) and described as spasms and tightness. The left elbow pain was rated 3 (0-10) and described as weakness. The injured worker was also noted to have a history of depression, headaches and problems with urination. The injured worker reported that she was receiving 60% improvement/benefit from the Effexor which was previously denied. Current medications consisted of gabapentin which was reported to cause some dizziness; Effexor XR which was denied by the utilization review; and Tylenol Allergy Sinus. The physical exam revealed tenderness to palpation over the right sub-occipital region, left sub-occipital region, bilateral upper cervical facets and bilateral lower facets, bilateral trapezius spasms, and restricted right and left rotation range of motion in the cervical spine. The provider noted diagnoses of neuralgia/neuritis, cervical spondylosis, and post cervical laminectomy syndrome. The injured worker's disability status was noted as permanently partially disabled. Plan of care includes

continued medications without change and complex programming of spinal cord stimulator, which was performed in the office on 04/06/2015. Requested treatments include: Venlafaxine HCL ER 150mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Venlafaxine HCL ER 150mg #30:** 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 Antidepressant for Chronic Pain, 13-16.

**Decision rationale:** MTUS Medical Treatment Guidelines do not recommend Effexor, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Venlafaxine HCL ER 150mg #30 is not medically necessary and appropriate.