

<b>Case Number:</b>	CM15-0096517		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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:

The injured worker is a 38 year old female, who sustained an industrial injury on 1/8/2014. She reported injury from cumulative trauma. The injured worker was diagnosed as having lumbar radiculopathy, lumbar strain, lumbar spondylosis, chronic pain syndrome and myofascial pain syndrome. Lumbar magnetic resonance imaging showed posterior disc protrusion, annulus tear and mild bilateral stenosis. Treatment to date has included physical therapy, acupuncture, home exercises and medication management. In a progress note dated 4/13/2015, the injured worker complains of pain in the lumbar spine, radiating to the bilateral lower extremities. Pain was rated 7/10 without medication and 4/10 with medication. The treating physician is requesting Tramadol 50 mg #90 and Venlafaxine 37.5 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 68-70.

**Decision rationale:** MTUS Guidelines support a trial of opioid medications when other treatments/medications have failed to give adequate pain relief. It is documented that she has not had adequate pain relief from her prior medications and a trial of Tramadol is being initiated. This is consistent with Guidelines recommendations and if it is not effective its use can be re-reviewed after a reasonable trial. The Tramadol 50mg. #90 is consistent with Guideline and is medically necessary.

**Venlafaxine 37.5mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antidepressants for Chronic pain Page(s): 13-15.

**Decision rationale:** MTUS Guidelines support the use of antidepressants for the engagement of chronic pain, in particular if there is a neuropathic pain component, which this individual is reported to have. It is documented that Cymbalta was not adequately effective so it was to be discontinued and a trial of Effexor (Venlafaxine) was initiated. This is consistent and supported by Guidelines. The trial of Venlafaxine 37.5mg #60 is medically necessary and appropriate.