MAXIMUS Federal Services

Case Number:	CM14-0149785		
Date Assigned:	09/18/2014	Date of Injury:	05/22/2007
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female who sustained an injury on 05/22/07; this injury is chronic, over 7 years old. As per the report on 6/22/14, she complained of anxiety, pain, depression, paranoia, tinnitus, insomnia, unsteadiness-falls, and confusion. She has been angry, upset and volatile and she thinks it is medicine related and that Effexor has not worked. She was apprehensive about her settlement and very uneasy about her recurring anxiety/depression. She tends to keep some distance from friends, worries about their loss. Current medications include Venlafaxine, Lexapro, Elavil, tizanidine, and Lunesta. Diagnoses included major Depression, recurrent, not psychotic, chemical dependency, chronic pain, seizure. The request for Venlafaxine HCL 37.5mg, #180 was denied 08/18/14 due to lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine HCL 37.5mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 45.

Decision rationale: Per guidelines, Venlafaxine (Effexor) is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Recommended as an option in first-line treatment of neuropathic pain. 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. It may have an advantage over tricyclic antidepressants due to lack of anticholenergic side effects. In this case, the IW is diagnosed with depression and anxiety, but there is no clear evidence of neuropathic pain. She is also on two other antidepressants; Lexapro and Elavil (which is similar to Effexor). Furthermore, there is evidence of significant improvement with its use. In fact, the IW has stated that it has not worked. As such, the medical necessity of the request is not established per guidelines.