

<b>Case Number:</b>	CM14-0148741		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	08/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. 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: Emergency 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 48 year old male, who sustained an industrial injury on 01/26/2012. The injured worker reported that he was trying to keep a 300-pound battery from falling while it was being installed causing injury to the shoulder, neck, and the low back. The injured worker was diagnosed as having neck pain with disc herniation at cervical five to six, low back pain with disc herniation at lumbar four to five and a small protrusion at lumbar five to sacral one, upper back pain, left shoulder pain with osteoarthritis and tendinosis of the acromioclavicular joint, status post left shoulder arthroscopic surgery with acromioplasty and debridement of the glenohumeral osteoarthritis, and left carpal tunnel syndrome. Treatment and diagnostic studies to date has included laboratory studies, status post left lumbar five to sacral one transforaminal epidural steroid injection, above noted procedures, home exercise program, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging four the left shoulder. In a progress note dated 07/16/2014 the treating physician reports complaints of persistent pain to the neck, upper back, the left shoulder, and the low back that radiates to the bilateral lower extremities. The injured worker also had complaints of spasms to the central neck and numbness to the left leg. The injured worker's current medication regimen included Norco, Flexeril, Naproxen, Trazodone, Effexor XR, and Biofreeze Gel. The injured worker's current pain level is rated a 9 out of 10 to the neck, and an 8 to 9 out of 10 to the low back, but the pain is noted to decrease to a 2 out 10 with the use of his medication regimen. However, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of current medication regimen. The treating

physician requested Effexor 75mg with a quantity of 30 with one at night noting current use of this medication.

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

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

**Effexor 75mg, #30 1 at night:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the pharmacological basis of therapeutics, 12th ed., Physicians' Desk reference, 68th ed., www.Rxlist.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** The requested Effexor 75mg, #30 1 at night, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy." The injured worker has persistent pain to the neck, upper back, the left shoulder, and the low back that radiates to the bilateral lower extremities. The injured worker also had complaints of spasms to the central neck and numbness to the left leg. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Effexor 75mg, #30 1 at night is not medically necessary.