

<b>Case Number:</b>	CM13-0043160		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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 patient is a 47 year old female with a date of injury of 2/19/2012. She is treated for pain in the R shoulder, neck, and head. She has a past medical history of diabetes and arthritis. On 5/03/12 she underwent a Arthroscopic rotator cuff repair, subacromial decompression and extensive debridement of the glenohumeral joint as well as the SLAP tear for her right shoulder injury/rotator cuff tear. The 9/18/13 PR-2 office visit states that Topamax is prescribed for nerve pain. Office notes state "Our patient comes in saying she is quite anxious, and arrived in tears. The patient's pain level was 9-10 out of 10 neck pain and hip pain, Sharp, worse over time, in the back of the head and down into the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 100 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16-18.

**Decision rationale:** Topamax 100mg #60 is not medically necessary. Topamax was started initially 8/16/13 for nerve pain and per MTUS guidelines, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Additionally, regarding Topamax MTUS guidelines state "It is still considered for use for neuropathic pain when other anticonvulsants fail." Documentation does not indicate significant functional improvement on Topamax or evidence that other AEDs were tried first prior to Topamax which is limited in use due to side effects.

**Norco 500 mg/10 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 11-12, 78-80.

**Decision rationale:** Norco 500mg/10mg #90 is not medically necessary per the California MTUS guidelines. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree and therefore Norco is not medically necessary.

**Effexor 370 5 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Section Page(s): 105.

**Decision rationale:** Effexor 370 5mg #30 is not medically necessary. Per the California MTUS Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Per documentation provided for review, the patient is being prescribed Buspar for "stress from disability" and depression and Effexor not for neuropathic pain but for depression. Additionally both Buspar and Effexor combined can cause serotonin syndrome and it would not be medically appropriate to initiate both of these medications simultaneously without the guidance from a trained psychiatrist.