

<b>Case Number:</b>	CM13-0050146		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation, 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 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:

This is a 41 year old male manager by profession who sustained an industrial injury on 6/26/2010 when the back of his head, neck, left shoulder, and upper back were struck by two metal pieces. Since then he has been on regular treatment therapies and medications. His latest medical evaluation was on 9/16/2013 by [REDACTED]. He presented with vascular headache after discontinuation of Topamax; neck and low back pain; and depression graded 7/10. He claimed good pain control (greater than 50%) with the ability to perform his ADLs from the current medications. He attributed nausea and vomiting with the medications. He was taking Prozac and Remeron for depression and insomnia. There was no history of abuse, diversion, or hoarding of the prescribed medications. On Examination he showed moderate cervical range of motion (ROM) limitations; slight-to-moderate lumbar ROM limitations; trigger points and taut bands over the Para cervical, thoracic, and Para lumbar muscles; decreased left grip strength; decreased sensation over the occipital area and plantar surfaces of both feet; and a positive Romberg's test. The current diagnoses are posttraumatic headaches, dizziness, and cognitive dysfunction; posttraumatic occipital neuralgia; chronic myofascial pain syndrome of the cervical and thoracolumbar spine, bilateral carpal tunnel syndrome due to continuous trauma and left shoulder sprain. Treatment plan included tramadol-acetaminophen 37.5-325mg to be taken thrice daily; mirtazapine 15 mg, two tablets to be taken at bedtime for headache and depression; fluoxetine 20 mg to be taken twice daily for depression; topiramate 50 mg, to be taken twice daily. Previous treatment is comprised of medications, work restrictions, rest, immobilization, durable medical equipment (DME), HEP, Acupuncture Therapy, Deep Breathing Meditation, Swimming Pool Exercises, PT, multiple injections in 2011 and 2012 (bilateral occipital nerve blocks, trigger point injection, medial branch blocks (MBBs), cervical epidural steroid injections (ESIs) at C5-C6), and left shoulder surgery. Medication history includes Elavil, aspirin, Motrin, Norflex,

Baclofen, Flector patch, naproxen, omeprazole, Neurodendraxin, hydrocodone, Topamax, antiepileptic medication, cyclobenzaprine, tramadol, Prozac, and Remeron. The patient is taking Remeron and Prozac for his depressive symptomatology and his insomnia, and he feels that he is benefiting from these medications. The patient rates his depression at a 7/10. He has noted some side effect of nausea and dizziness with the current medications. This Review is for retrospective prescriptions:- Tramadol 37.5 / 325,180 tablets; Topiramate 50mg 120 tablets; Mirtazapine 15mg, 120 tablets; and Fluoxetine 20mg,120 tablets.

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

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

#### **RETROSPECTIVE REQUEST FOR 180 TABLETS OF TRAMADOL / ACETAMINOPHEN 37.5/325 MG PRESCRIBED ON 9/16/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, TRAMADOL Page(s): 113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION PAIN (CHRONIC), OPIOIDS, TRAMADOL, ULTRACET.

**Decision rationale:** Tramadol/Acetaminophen (Ultracet<sup>®</sup>; generic available): 37.5mg/325mg. Analgesic dose: Recommended for short term use  $\hat{\mu}$  5 days in acute pain. According to the California MTUS guidelines, tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids while it may produce life-threatening serotonin syndrome when used in combination with SSRIs, SNRIs, TCAs, and MAOIs, and triptans. Notably, in this employee, the request includes fluoxetine, mirtazapine, as well as tramadol/acetaminophen. The employee has reported 50% or more pain relief with non-opioid medications. In view of the above the request for 180 tablets of Tramadol/Acetaminophen 37.5/325mg prescribed on 9/16/2013, is not medically necessary.

#### **RETROSPECTIVE REQUEST FOR 120 TABLETS OF TOPIRAMATE 50 MG PRESCRIBED ON 9/16/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ANTI-EPILEPSY DRUGS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION CHRONIC PAIN, ANTI-EPILEPSY DRUGS (AEDS).

**Decision rationale:** Topiramate is an anti-epileptic (AED), medications recommended for neuropathic pain (pain due to nerve damage). In this employee, there is no documentation supporting neuropathic pain. The employee has reported feeling better more than 50% with other medications. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories.

Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. 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. According to medical record dated 9/13/2013, it was reported that the employee started experiencing vascular headaches after the discontinuation of Topamax. Based on the foregoing, the request for 120 tablets of Topiramate 50mg prescribed on 9/16/2013, is not medically necessary.

**RETROSPECTIVE REQUEST FOR 120 TABLETS OF MIRTAZAPINE 15 MG  
PRESCRIBED ON 9/16/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ANTI-DEPRESSANTS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ANTI-DEPRESSANTS Page(s): 41. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN, ANTI-DEPRESSANTS, ANTI-ANXIETY

**Decision rationale:** Mirtazapine is an anti-depressant which is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The ODG guidelines indicate (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use. According to the notes, this medication is being prescribed to be taken at bedtime for insomnia, headache and depression. However, the medical records received do not document attempts at good sleep hygiene or that the use of this medication has been beneficial for the employee. Additionally, sleep aids are not recommended for long-term use. Therefore the request for 120 tablets of Mirtazapine 15mg prescribed on 9/16/2013, is not medically necessary.

**RETROSPECTIVE REQUEST FOR 120 TABLETS OF FLUOXETINE 20 MG  
PRESCRIBED ON 9/16/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ANTI-DEPRESSANTS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ANTI-DEPRESSANTS Page(s): 13-16. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CHRONIC PAIN, ANTI-DEPRESSANTS

**Decision rationale:** With respect to Fluoxetine (Prozac), there is no documentation of any functional improvement with the use of this medication. The employee is taking multiple antidepressants, with manifestation of multiple side effects such as nausea and dizziness. The employee is not working at this time. The California MTUS guidelines indicate that antidepressants for chronic pain are recommended as a first-line option for neuropathic pain and

as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of functional improvement, changes in the use of other analgesic medication, sleep quality and duration and psychological assessment, and none of these were documented in this employee. Based on the foregoing, the request for 120 tablets of Fluoxetine 20 mg prescribed on 9/16/2013 is not medically necessary.