

Case Number:	CM13-0059166		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2005
Decision Date:	05/06/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/30/2013

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 Family Practice and is licensed to practice in Texas. 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 54-year-old female that reported an injury on September 07, 2005, the mechanism of injury reported was not provided in the medical records for review. The clinical note dated November 01, 2013 stated that the injured worker was sleeping 6-7 hours a night now and that the medications are helping. The medical records provided for review did not include surgical history, therapy history, conservative care history, subjective complaints, objective complaints, concerns, or diagnostic studies. Medications listed were Zoloft 100mg, Klonopin 1mg, Topamax 50mg, Trazadone 50mg three times a day for anxiety and Trazadone 50mg twice a day for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLOFT 100MG (1-MONTH SUPPLY), PRESCRIBED ON 9/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 338.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13.

Decision rationale: The California MTUS guidelines say that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-

neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There should be an assessment of treatment efficacy that should include not only pain outcomes; but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed to monitor the efficacy of the medication for the patient. The documentation that was provided for review only noted that the injured worker reported that she was now able to sleep 6-7 hours a night and that she had been on these medications for years. Due to the lack of documentation that the guidelines require evaluations of function, sleep quality, and any side effects noted by the injured worker as well as lack of frequency of the medication, the request for the Zoloft 100mg (1-month supply) is non-certified.

KLONOPIN 1MG (1-MONTH SUPPLY), PRESCRIBED 9/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS guidelines say that benzodiazepines are not recommended for any long term use because the efficacy is not proven and the patient could become dependent on the medication. It should be limited to 4 weeks because the tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The California MTUS guidelines say that a more appropriate treatment for anxiety disorder is an antidepressant. The documentation provided did not note when the medications was started but did state that the patient had been on her medications for three (3) years. Due to the lack of objective and subjective documentation for the use and or efficacy of the medication and given the patient has been on this medication for longer than the recommended time frame and the request as submitted failed to provide the frequency at which the medication is prescribed for, the request is non-certified.

TOPAMAX 50MG (1-MONTH SUPPLY) PRESCRIBED ON 9/18/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) Page(s): 17-21.

Decision rationale: The California MTUS guidelines state that Topiramate (Topamax[®], no generic available) has been shown to have variable efficacy, and it has failed to demonstrate efficacy in neuropathic pain of "central" etiology. Topamax is still considered for use for neuropathic pain when other anticonvulsants fail. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication

for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few randomized controlled trials directed at central pain and none for painful radiculopathy. The documentation provided did not note when the medication was started but did state that the patient had been on her medications for 3 years. The documentation provided failed to document the efficacy of this medication to support continued use. The request as submitted failed to provide the frequency at which the medication was being prescribed for. Therefore, the request for Topamax 50mg (1-month supply) is non-certified.

TRAZODONE 50MG (1-MONTH SUPPLY) PRESCRIBED ON 9/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13.

Decision rationale: The California MTUS guidelines state that antidepressants (for chronic pain) are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There should be an assessment of treatment efficacy that should include not only pain outcomes; but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed to monitor the efficacy of the medication for the patient. The documentation that was provided for review only noted that the injured worker reported that she was now able to sleep 6-7 hours a night and that she had been on these medications for years. Due to the lack of documentation that the guidelines require such the efficacy of this medication and the request as submitted not providing the frequency at which the medication was being prescribed for, the request for the Trazodone 50 mg (1-month supply) is non-certified.