

<b>Case Number:</b>	CM14-0071876		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Interventional Spine 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 48-year-old male with a date of injury of 08/31/2007. The listed diagnoses per [REDACTED] are: 1. Low back pain with radicular pain in the legs 2. Fracture of ankle with two past surgeries 3. Depression and sleep issues 4. Diabetes and hypertension. According to progress report 04/11/2014 the injured worker presents with low back pain, with radicular pain down the leg. Pain is rated as 8-9/10. Chronic pain affects his sleep and mood resulting in depression. The injured worker is utilizing Lidopro topical lotion, Flexeril 7.5mg for spasms, Topamax 50mg for numbness, Trazodone 50mg for depression and insomnia and Effexor 75mg for depression. The provider states Trazodone and Effexor "both are helping with his symptoms." The provider is requesting Effexor 75mg #60, Trazodone 50mg #60, Topamax 50mg #60 and Flexeril 7.5mg #60. He states "these medications have been helpful in decreasing his symptoms and allowing him to be functional." Utilization denied the requests on 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor 75mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14, 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This injured worker presents with low back with radicular leg pain. The treater is requesting a refill of Effexor 75mg #60 for the injured worker's depression. Utilization review denied the request stating, "There is no reason why this patient needs to be on two depressants simultaneously." For antidepressants, MTUS guidelines, pages 13 to 15, states that Effexor is FDA approved for anxiety, depression, panic disorder, and social phobia. Off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, the injured worker does have objective findings of neuropathic pain and diagnosis of depression which this medication is indicated for. Medical records indicate the injured worker has been taking this medication since 02/27/2014 and on 4/11/14 the provider states medications including Effexor are helpful in decreasing symptoms and allow him to function. Therefore, this request is medically necessary.

**Trazodone 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14, 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia.

**Decision rationale:** This injured worker presents with low back with radicular leg pain. The provider is requesting a refill of Trazodone 50mg #60 for patient's depression and insomnia. Utilization review denied the request stating, "There is no reason why this patient needs to be on two depressants simultaneously." Trazodone is classified as an anti-depressant. The MTUS Guidelines on antidepressants pages 13 to 17 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for injured workers with concurrent depression. In this case, this injured worker presents with pain that radiates into the lower extremity, or neuropathic pain. Anti-depressants can be used as a first line option for neuropathic pain and may be indicated for this injured worker. In addition, the injured worker is suffering from insomnia. The injured worker states in progress report from 04/11/2014, that Trazodone helps with his symptoms. Therefore, this request is medically necessary.

**Topamax 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, Antiepilepsy drugs (AEDs) Page(s): 21; 16, 17.

**Decision rationale:** This injured worker presents with low back with radicular leg pain. The provider is requesting a refill of Topamax 50mg #60 for numbness. Utilization review denied the request stating this injured worker does not have neuropathic pain. According to MTUS Guidelines page 21, "Topiramate (Topamax) 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that 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 had been directed at postherpetic neuralgia and painful polyneuropathy." In this case, progress reports note neuropathic pain in lower extremities. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. In addition, the treater states "these medications have been helpful in decreasing his symptoms and allowing him to be functional." The requested Topamax is medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

**Decision rationale:** This injured worker presents with low back with radicular leg pain. The provider is requesting a refill of Flexeril 7.5mg 360. The MTUS Guidelines page 63, regarding muscle relaxants, states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence." In this case, medical records indicate that the injured worker has been prescribed Flexeril since 03/11/2013. Muscle relaxants are recommended for short-term use only. Therefore, this request is not medically necessary.