

<b>Case Number:</b>	CM14-0189662		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/08/2004
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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: Physical Medicine & Rehabilitation

### 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 71 year old female, who sustained an industrial injury on 7/8/2004. The current diagnoses are cervical radiculopathy, headache, myalgia and Myositis, and depressive disorder. According to the progress report dated 10/28/2014, the injured worker complains of neck pain, headaches, and disruption of sleep. The pain is rated 7/10 with medications and 10/10 without. The current medications are Bupropion, Mirtazapine, and Topiramate. Treatment to date has included medication management. The plan of care includes Bupropion, Topiramate, Mirtazapine, and Hydrocodone-Acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Topiramate 50mg per tablet, 1 tablet orally 2 times a day quantity 60 refill 1:**  
Overtured

**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  
Topiramate (Topamax) antiepileptic drugs for chronic pain Page(s): 21, 16-17.

**Decision rationale:** Based on the 10/28/14 progress report, the patient presents with neck pain, headaches, and disruption of sleep. The pain is rated 7/10 with medications and 10/10 without. The request is for Retrospective Topiramate 50mg per Tablet, 1 Tablet Orally 2 Times a day, Quantity 60 Refill 1. There is no RFA provided and the patient's date of injury is 07/08/04. The diagnosis includes cervical radiculopathy, headache, myalgia and Myositis, and depressive disorder. Treatment to date has included medication management. Patient's medications include Bupropion, Topiramate, Mirtazapine, and Hydrocodone-Acetaminophen. The patient is not working. 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." Per 10/28/14 report, treater states, "The patient doesn't present with aberrant behavior. With medications, she is able to perform household duties, self care and sleep." Topiramate was prescribed to the patient at least since 05/13/14, per provided medical records. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. This patient meets the criteria for Topamax, as she presents with radicular symptoms and the treating physician states that pain level is reduced from 10/10 to a 4/10 with current medications. The retrospective request for Topiramate is medically necessary.

**Retrospective Mirtazapine 15mg per tablet, 2 tablets orally quantity 60 refill 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, under insomnia.

**Decision rationale:** Based on the 10/28/14 progress report, the patient presents with neck pain, headaches, and disruption of sleep. The pain is rated 7/10 with medications and 10/10 without. The request is for Retrospective Mirtazapine mg per tablet, 2 tablets orally, Quantity 60 refill 1. There is no RFA provided and the patient's date of injury is 07/08/04. The diagnosis includes cervical radiculopathy, headache, myalgia and Myositis, and depressive disorder. Treatment to date has included medication management. Patient's medications include Bupropion, Topiramate, Mirtazapine, and Hydrocodone-Acetaminophen. The patient is not working. Mirtazapine (Remeron) is classified as an antidepressant. The MTUS Guidelines page 13 states, "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. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status." ODG Guidelines pain chapter, under insomnia states, "Sedating antidepressants (e.g. amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." Per 10/28/14 report, treater states, "The patient doesn't present with aberrant behavior. With medications, she is able to

perform household duties, self care and sleep." Mirtazapine was prescribed to the patient for sleep at least since 05/13/14, per provided medical records. Mirtazapine is effective in managing the patient's current conditions including the patient's depression, insomnia, and chronic pain. Given that the patient is receiving benefit from Mirtazapine, the request is medically necessary.

**Retrospective Hydrocodone-Acetaminophen 10/325mg per tablet 1-2 tablet quantity 180 refill 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** Based on the 10/28/14 progress report, the patient presents with neck pain, headaches, and disruption of sleep. The pain is rated 7/10 with medications and 10/10 without. The request is for Retrospective Hydrocodone/Acetaminophen 10/325mg per tablet, 1-2 tablets Quantity 180 Refill 1. There is no RFA provided and the patient's date of injury is 07/08/04. The diagnosis includes cervical radiculopathy, headache, myalgia and Myositis, and depressive disorder. Treatment to date has included medication management. Patient's medications include Bupropion, Topiramate, Mirtazapine, and Hydrocodone-Acetaminophen. The patient is not working. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 10/28/14 report, treater states, "The patient doesn't present with aberrant behavior. With medications, she is able to perform household duties, self care and sleep." Norco was prescribed to the patient for pain at least since 05/13/14, per provided medical reports. The use of opiates requires detailed documentation regarding pain and function including the 4A's (analgesia, ADL's, aberrant behavior, adverse side effects) per MTUS. In this case, treater provides only a generic statement regarding the ADL's for example. Specific ADL improvements must be documented owing to the use of opiates to show significant improvement. Generic statements that they are improved is inadequate. Furthermore, no validated instruments are used showing functional improvement. No outcome measures are discussed as required by MTUS. The request is not medically necessary.