

<b>Case Number:</b>	CM14-0194170		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 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 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 patient is a 37 year old female with a work injury dated 2/9/09. The diagnoses include right upper extremity CRPS and bilateral tension type headache and migraine. Under consideration are requests for Gralise 600mg #90 Refills 5; Gabapentin 300mg #90 Refills 5; Topamax 25mg #60 Refills 5; Bupropion Hcl 100mg #60 Refills 5. There is a 10/16/14 progress note that states that the patient returns with persistent symptoms of the right upper extremity CRPS as well as headaches consistent with migraines. She has received the unfortunate news that all of her medications have been denied. The patient reports headache that is intermittent and throbbing with nausea and aggravated by neck extension, neck flexion, and alleviate by rest. The headache is bandlike around her head without radiation of pain. She denies aura. The patient complains of her CRPS as a right upper extremity shoulder to hand burning, throbbing pain that is constant but variable in intensity. There is hypersensitivity to touch with hyperhidrosis and muscle atrophy. It is alleviated by medication, acupuncture, and rest. Stellate ganglion blocks have caused over 75% reduction in flare. Prior meds include voltaren, wellbutrin, and Neurontin all with moderate improvement. On exam there was decreased sensation to light touch in C6 on the right. There were palpable cervical trigger points. There was limited wrist flexion and extension bilaterally. There was right thenar atrophy. There was decreased hand grip with hyperalgesia over the right forearm and wrist in a nondermatomal distribution. The treatment plan includes appeal a denial of medications and refers for a ketamine infusion. Current medications include Bupropion HCl 100 mg tablet taken once a day, Diclofenac potassium 50 mg tablet every 8 hours as needed, Gabapentin 300 mg capsule 3 times" (days as needed, Gralise, 600 mg extended-release tablet three tablets every day, Lidocaine 5 percent adhesive patch every day, Ondansatrom HCl 4 mg, Sumatriptan 50 mg tablet and Topamax 25 mg tablet, 2 tablet once daily (for CRPS). An 8/19/14

document states that the patient continues to complain of painful RUE symptoms. She is taking maximum Neurontin doses and describing significant cognitive impairment. The documenting physician states that he is reluctant to begin additional neuropathics due to this reason. Cooking, housekeeping and yard work need moderate assist from others. An 8/19/14 document state that in an effort to reduce dependence on Gabapentin and improve analgesia from neuropathic agents Topamax was begun.

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

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

#### **Gralise 600mg #90 Refills 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs AEDs Page(s): 16-20.

**Decision rationale:** Gralise 600mg #90 Refills 5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. 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. The documentation indicates that the patient has been on Gralise without significant pain improvement or functional improvement. Additionally the documentation indicates that the patient was having side effects of cognitive dysfunction felt secondary to Gabapentin. Gralise is the extended form of Gabapentin. Additionally, the request for 5 refills is not appropriate as continued use of this medication would depend on outcomes. The request for Gralise 600mg #90 with 5 refills is not medically necessary.

#### **Gabapentin 300mg #90 Refills 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs AEDs Page(s): 16-22.

**Decision rationale:** Gabapentin 300mg #90 Refills 5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and

a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. 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. The documentation indicates that the patient has been on Gabapentin long term without significant pain improvement or functional improvement. Additionally the documentation indicates that the patient was having side effects of cognitive dysfunction felt secondary to Gabapentin. Additionally, the request for 5 refills is not appropriate as continued use of this medication would depend on outcomes. The request for Gabapentin 300mg #90 with 5 refills is not medically necessary.

**Topamax 25mg #60 Refills 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs Page(s): 21.

**Decision rationale:** Topamax 25mg #60 Refills 5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines 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. The MTUS guidelines state that the continued use of antiepileptic medications depends on improved outcomes versus tolerability of adverse effects. The documentation does not indicate evidence of significant functional improvement or improvement in pain on prior Topamax therefore the continued use of Topamax as well as 5 refills is not medically necessary.

**Bupropion Hcl 100mg #60 Refills 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants Bupropion (Wellbutrin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Wellbutrin Page(s): 27.

**Decision rationale:** Bupropion Hcl 100mg #60 Refills 5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Bupropion HCL is recommended as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The documentation does not indicate significant functional improvement or improvement in pain on prior Bupropion. Five refills of this medication would not be appropriate as well as continued use

of this medication would depend on evidence of efficacy in pain and function. The request for Bupropion with 5 refills is not medically necessary.