MAXIMUS Federal Services

Case Number:	CM14-0194742		
Date Assigned:	12/02/2014	Date of Injury:	10/06/2009
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 6, 2009. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; trigger point injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 22, 2014, the claims administrator approved a request for Topamax while denying a request for trazodone. A transforaminal epidural steroid injection was also approved. The claims administrator stated that its decision was based on a previous Utilization Review Report dated October 17, 2014 and multiple requests for authorization forms interspersed between August 4, 2014 through October 6, 2014. The applicant's attorney subsequently appealed. In the IMR application, however, the applicant's attorney seemingly sought authorization for trazodone and Prilosec. In an RFA form dated November 10, 2014, authorization was sought for Neurontin, fenoprofen, a TENS unit patch, Prilosec, and Toradol injection. In an associated progress note dated November 10, 2014, the applicant reported ongoing complaints of low back pain and left knee pain. The applicant was asked to gabapentin on a trial basis. The applicant was status post epidural steroid injection therapy. The applicant was also concurrently seeing a psychiatrist. Low back pain radiating into left leg, severe, 10/10, was noted. The applicant was given prescriptions for Prilosec, Neurontin, and fenoprofen. The applicant was asked to discontinue Zoloft. Epidural steroid injection therapy was reportedly pending. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On November 5, 2014, the applicant's psychiatrist furnished the applicant with a prescription for Lexapro. The applicant was asked to taper off of Zoloft while

titrating Lexapro upward. The applicant did report ongoing issues with depression, anxiety, and insomnia. It was stated that the applicant did have issues with moderate-to-severe anxiety. The applicant's current medications included Desyrel, Zoloft, Menthoderm, Prilosec, and fenoprofen. It was stated that the applicant had issues with moderate-to-severe anxiety, moderate-to-severe depression. It was stated that the applicant did not currently have any suicidal thoughts. The attending provider did not explicit discussed whether or not ongoing usage of Desyrel was effective or not. On October 31, 2014, the applicant was asked to follow up with her psychiatrist. Zoloft was endorsed. The applicant was asked to employ gabapentin on a trial basis. Topamax was discontinued, apparently on the grounds that it was not effective. The applicant stated that her mood felt poor. The applicant felt that she needed additional cognitive behavioral therapy.On October 21, 2013, the applicant reported persistent complaints of low back pain with ancillary complaints of depression. The applicant's mood was again described as poor. The applicant was asked to continued medications including Desyrel, Prilosec, Topamax, and Zoloft. Epidural steroid injection therapy was sought. On October 11, 2014, the applicant's psychiatrist stated that the applicant was somewhat anxious and depressed but not tearful. The applicant had a Global Assessment of Functioning (GAF) 65. The applicant was asked to increased trazodone to 2 mg at nighttime for persistent depressive symptoms with associated insomnia. The applicant was asked to titrate Zoloft upward. The applicant stated that she had responded partially to previous usage of trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate/Topamax section Page(s): 21.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax can be considered for use for neuropathic pain when other anticonvulsants fail, in this case, however, there was no evidence of the failure of first-line anticonvulsant adjuvant medications such as Lyrica and/or Neurontin prior to consideration, introduction, selection, and/or ongoing usage of topiramate (Topamax). The attending provider ultimately reached the conclusion that Topamax was not proving effective and discontinued the same in favor of Neurontin, it is further noted. Ongoing usage of Topamax, furthermore, failed to generate any lasting benefit or functional improvement in terms of the functional improvement parameters established in MTUS 9792.20f. The applicant continued to report complaints of pain as high as 10/10 on a November 10, 2014 office visit. Ongoing usage of Topamax failed to curtail the applicant's dependence on other medications and/or other forms of medical treatment, including Toradol injections, Nalfon, Menthoderm gel, epidural steroid injection therapy, etc. The attending provider continued to renew a rather proscriptive 10-pound lifting limitation from visit to visit, seemingly resulting in the applicant's removal from the workplace. All of the foregoing, taken together, suggests a lack of functional improvement as

defined in MTUS 9792.20f, despite ongoing usage of Topamax. Therefore, the request was not medically necessary.

Trazodone 50 mg #30 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as trazodone often take "weeks" to exert their maximal effect. In this case, the attending provider stated that ongoing usage of trazodone was ameliorating the applicant's mood, insomnia, and pain on an office visit of October 11, 2014. The applicant's psychiatrist stated that trazodone was generating partial benefit and therefore suggested doubling the dosage of trazodone on that date. Continuing the same, on balance, was therefore indicated as of the date of the Utilization Review Report, October 22, 2014. Therefore, the request was medically necessary.