

<b>Case Number:</b>	CM14-0200220		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	12/11/2000
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60-year-old woman who sustained a work-related injury on December 11, 2000. Subsequently, the patient developed a chronic neck pain and shoulder pain. According to a progress report dated on November 6, 2014, the patient was complaining of ongoing neck and shoulder pain. The patient physical examination demonstrated neck pain. Her initial range of motion . The patient was diagnosed with shoulder pain, cervicalgia and myositis. The patient was treated with pain medications without for pain control The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow

specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10-325mg #360 is not medically necessary.

**Topamax 50mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), and AEDs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>.

**Decision rationale:** Topamax(topiramate) Tablets and Topamax(topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic migraine headache in this patient. There is no documentation of improvement with previous use of Topamax. Therefore, the prescription of Topamax 50mg #180 is not medically necessary.

**Effexor XR 150mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine), Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 124.

**Decision rationale:** Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day.. Effexor

is generally considered after failure of tricyclic antidepressants or if they are poorly tolerated or contraindicated for treatment of chronic pain. Although the patient developed a chronic pain syndrome and depression, there is no clear rationale for using Effexor. There is no documentation of failure, intolerance or contraindication for using first line pain medications. There is no documentation of the medical necessity to use Effexor and the modalities to assess its efficacy and side effects. Therefore, the request for the use of Effexor XR 150mg #180 is not medically necessary.

**Baclofen 10mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal), Muscle Relaxants for Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for Baclofen 10mg #270 is not medically necessary.

**Analgesic Cream #360g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of the different components of the topical analgesics. There is no documentation of failure of the first line pain medications. Therefore the request for Compound analgesic cream is not medically necessary.