

Case Number:	CM14-0203170		
Date Assigned:	12/15/2014	Date of Injury:	12/07/1998
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Internal 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 injured worker (IW) is a 59-year-old woman with a date of injury of December 7, 1998. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are left knee arthralgia status post partial lateral meniscectomy X 2 and lateral release; left patellofemoral disease with left quadriceps atrophy; left prepatellar and left infrapatellar bursitis; complex regional pain syndrome (CRPS Type I) left knee, right low back and right buttocks; sleep disturbance and depression; status post implantation of dual thoracolumbar epidural neuroelectrodes and Synergy pulse generator. Pursuant to the office visit note dated December 1, 2014, the IW notes decreased low back and left leg neuropathic pain rated 2/10. The IW is taking Gabapentin 100mg BID which decreases the burning neuropathic pain of the left leg, but results in daytime sedation if Provigil 200mg BID is not taken concurrently. The IW takes Methadone 10mg and Tramadol 50mg that she pays cash for. The IW takes Bupropion 150mg BID, which provides decreased neuropathic pain, allowing improved function and ability to perform activities of daily living (ADLs). The IW takes Citalopram 20mg daily, which provides decreased neuropathic pain, allowing improved function and ability to perform ADLs. The IW takes Topiramate 150-200mg at bedtime using Topiramate 100mg and Topiramate 25mg tablets, which decreases neuropathic pain allowing improved function and ability to perform ADLs and improve sleep. The IW also takes Tizanidine 4mg (2) tablets at bedtime that has decreased myofascial spasm and pain associated with the CRPS and improves sleep without adverse side effects. The earliest office visit note in the medical record is dated August 27, 2014. The IW was taking all of the aforementioned medications at that time. Motor examination showed significant weakness of the left quadriceps muscle with atrophy. Marked tenderness was noted about the left knee medial joint line, left patellar margins, left medial and lateral collateral ligament insertions, and left prepatellar and infrapatellar tendons and bursae. Left knee extension

was noted to be 180 degrees without hyperflexion. Left knee joint stability was normal in all planes. Moderate allodynia and dysesthesia was noted over the left patella while marked allodynia and dysesthesia was noted over the right low back extending to the right buttocks. The provider is recommending refills of medications. The current request is for Topiramate 100mg #30, Topiramate 25mg #120, Citalopram 20mg #30, Bupropion 150mg #60, and Tizanidine 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Topiramate 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, AED.

Decision rationale: Pursuant to the Official Disability Guidelines, Topiramate 100 mg #30 is not medically necessary. Topiramate is an anti-epilepsy drug (AED). It is recommended for neuropathic pain. Topiramate is indicated when other anticonvulsants have failed. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are left knee arthralgia status post partial lateral meniscectomy times 2 and lateral release; left patellofemoral disease with quadriceps atrophy; left three patellar and left infrapatellar bursitis; complex regional pain syndrome type I; sleep disturbance and depression; status post implantation of dual vertical lumbar epidural electrodes and Synergy pulse generator. The documentation pursuant to December 1, 2014 progress note states the patient reports decrease low back pain and left like neuropathic pain rated 2/10. There were no subjective complaints of a neuropathic etiology in the medical record. The physical examination did not contain any neurologic findings. The diagnoses did not contain any neuropathic entities. The injured worker is taking Gabapentin. The injured worker reports Gabapentin decreases the burning neuropathic pain of the left leg because daytime sedation if Provigil 200 mg is not taken concurrently. Additionally, the injured worker takes Methadone (pays cash) and Tramadol (pays cash). She also takes Bupropion for neuropathic pain. The Bupropion decreases the injured worker's neuropathic pain. The injured worker takes Citalopram for neuropathic pain. Citalopram decreases neuropathic pain allowing increased function and ability to perform ADLs. There is no documentation in the medical record that first line AEDs (Gabapentin) has failed. Consequently, after the appropriate clinical indication for Topiramate, Topiramate 100 mg #30 is not medically necessary.

1 Prescription of Topiramate 25mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, AED.

Decision rationale: Pursuant to the Official Disability Guidelines, Topiramate 25 mg #120 is not medically necessary. Topiramate is an anti-epilepsy drug (AED). It is recommended for neuropathic pain. Topiramate is indicated when other anticonvulsants have failed. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are left knee arthralgia status post partial lateral meniscectomy times 2 and lateral release; left patellofemoral disease with quadriceps atrophy; left three patellar and left infrapatellar bursitis; complex regional pain syndrome type I; sleep disturbance and depression; status post implantation of dual vertical lumbar epidural electrodes and Synergy pulse generator. The documentation pursuant to December 1, 2014 progress note states the patient reports decrease low back pain and left like neuropathic pain rated 2/10. There were no subjective complaints of a neuropathic etiology in the medical record. The physical examination did not contain any neurologic findings. The diagnoses did not contain any neuropathic entities. The injured worker is taking Gabapentin. The injured worker reports Gabapentin decreases the burning neuropathic pain of the left leg because daytime sedation if Provigil 200 mg is not taken concurrently. Additionally, the injured worker takes Methadone (pays cash) and Tramadol (pays cash). She also takes Bupropion for neuropathic pain. The Bupropion decreases the injured worker's neuropathic pain. The injured worker takes Citalopram for neuropathic pain. Citalopram decreases neuropathic pain allowing increased function and ability to perform ADLs. There is no documentation in the medical record that first line AEDs (Gabapentin) has failed. Consequently, after the appropriate clinical indication for Topiramate, Topiramate 25 mg #120 is not medically necessary.

1 Prescription of Citalopram 20mg ,#30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Citalopram.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Citalopram 20 mg #30 is not medically necessary. Citalopram is a selective serotonin re-uptake inhibitor. Although antidepressants or first-line treatment for neuropathic pain, selective serotonin reuptake inhibitors (Citalopram) are not indicated for chronic pain. They may be considered in treating secondary depression. In this case, the injured workers working diagnoses are left knee arthralgia status post partial lateral meniscectomy times 2 and lateral release; left patellofemoral disease with quadriceps atrophy; left three patellar and left infrapatellar bursitis; complex regional pain syndrome type I; sleep disturbance and depression; status post implantation of dual vertical lumbar epidural electrodes and Synergy pulse generator. The documentation pursuant to December 1, 2014 progress note states the patient reports decrease low back pain and left like neuropathic pain rated 2/10. There were no subjective complaints of a neuropathic etiology in the medical record. The physical examination

did not contain any neurologic findings. The diagnoses did not contain any neuropathic entities. The injured worker is taking Gabapentin. The injured worker reports Gabapentin decreases the burning neuropathic pain of the left leg because daytime sedation if Provigil 200 mg is not taken concurrently. Additionally, the injured worker takes Methadone (pays cash) and Tramadol (pays cash). The injured worker takes Citalopram for neuropathic pain. Citalopram decreases neuropathic pain allowing increased function and ability to perform ADLs. Citalopram, however, is not indicated for chronic pain/neuropathic pain. Consequently, absent the appropriate clinical indication for Citalopram, the request for Citalopram 20 mg #30 is not medically necessary.

1 Prescription of Burpropion 150mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Bupropion.

Decision rationale: Pursuant to the Official Disability Guidelines, Bupropion 150 mg #60 is not medically necessary. Bupropion is recommended as an option after other agents. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are left knee arthralgia status post partial lateral meniscectomy times 2 and lateral release; left patellofemoral disease with quadriceps atrophy; left three patellar and left infrapatellar bursitis; complex regional pain syndrome type I; sleep disturbance and depression; status post implantation of dual vertical lumbar epidural electrodes and Synergy pulse generator. The documentation pursuant to December 1, 2014 progress note states the patient reports decreased low back pain and left leg neuropathic pain rated 2/10. There were no subjective complaints of a neuropathic etiology in the medical record. The physical examination did not contain any neurologic findings. The diagnoses did not contain any neuropathic entities. The injured worker is taking Gabapentin. The injured worker reports Gabapentin decreases the burning neuropathic pain of the left leg because daytime sedation if Provigil 200 mg is not taken concurrently. Additionally, the injured worker takes Methadone (pays cash) and Tramadol (pays cash). The guidelines recommend the use of bupropion after other medications have failed. Clinically, Bupropion has provided some pain relief. However, Bupropion is indicated as a third line medication. There is no documentation in the medical record that antidepressants or anticonvulsants have failed. Consequently, absent the appropriate clinical indication and supporting documentation for the ongoing use of Bupropion, the request for Bupropion 150 mg #60 is not medically necessary.

1 Prescription of Tizanidine 4mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4 mg #60 is not medically necessary. Most relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are left knee arthralgia status post partial lateral meniscectomy times 2 and lateral release; left patellofemoral disease with quadriceps atrophy; left three patellar and left infrapatellar bursitis; complex regional pain syndrome type I; sleep disturbance and depression; status post implantation of dual vertical lumbar epidural electrodes and Synergy pulse generator. The documentation pursuant to December 1, 2014 progress note states the patient reports decreased low back pain and left like neuropathic pain rated 2/10. There were no subjective complaints of a neuropathic etiology in the medical record. The physical examination did not contain any neurologic findings. The diagnoses did not contain any neuropathic entities. The injured worker is taking Gabapentin. The injured worker reports Gabapentin decreases the burning neuropathic pain of the left leg because daytime sedation if Provigil 200 mg is not taken concurrently. Additionally, the injured worker takes Methadone (pays cash) and Tramadol (pays cash). A review of the medical record indicates the injured worker was taking Tizanidine in August 2014. The documentation is unclear whether Tizanidine is a refill for the first prescription. Additionally, there is no documentation containing evidence of objective functional improvement as it pertains to Tizanidine. Physical examination did not contain evidence of muscle spasm. The treating physician exceeded the recommended guidelines for short-term use (less than two weeks) and treatment of acute low back pain. Consequently, absent the appropriate clinical indication and or clinical rationale of the ongoing use of Tizanidine in contravention of the recommended guidelines (short-term use), the request for Tizanidine 4 mg #60 is not medically necessary.