

Case Number:	CM15-0132508		
Date Assigned:	07/21/2015	Date of Injury:	03/15/1995
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 3/15/1995. The injured worker was diagnosed as having cervical post-laminectomy syndrome, chronic pain syndrome, cervical radiculitis, cervicobrachial syndrome, and cervicogenic headache. Treatment to date has included diagnostics, mental health treatment, and medications. The PR2 dated 1/13/2015 noted the use of Trazodone for sleep quality, Cymbalta to decrease pain, improve mood, and increase activity level, and the use of Topamax for migraine headaches. It was also noted that she did not get these medications the last month. A subsequent report on 2/12/2015 noted improvement in pain, sleep, and overall mood after receiving all of her medications. Currently (6/03/2015), the injured worker complains of pain in her neck and upper extremities. Pain was rated 6/10 presently and 4-6/10 on average. She was walking for 30 minutes for home exercise. A review of symptoms was positive for depression, stress, anxiety, and sleep difficulty. Current medications included Percocet, Zanaflex, Trazodone, Cymbalta, Zantac, Relpax, and Lodine. Exam of the cervical spine noted decreased and painful range of motion. Her work status was permanent and stationary. Urine toxicology was documented as consistent. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 300mg #30, with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1995 and continues to be treated for neck and upper extremity pain and cervicogenic headaches. When seen, there was decreased and painful cervical spine range of motion. Medications were refilled. Trazodone was being prescribed for difficulty sleeping. Topamax was being prescribed for migraine headaches which was not a listed diagnosis. Relpax was also being prescribed. Neurontin was prescribed as a total dose of 1200 mg per day. Cymbalta was being prescribed for neuropathic pain. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. Cymbalta (duloxetine) can also be recommended as an option in first-line treatment of neuropathic pain. In this case, the claimant's gabapentin dosing is less than that recommended and there are no reported side effects or contraindication to prescribing at a higher dose. Prescribing another first-line agent without adequate titration of the claimant's gabapentin dosing is not medically necessary.

Topamax 100mg #90, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Other Antiepileptic Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1995 and continues to be treated for neck and upper extremity pain and cervicogenic headaches. When seen, there was decreased and painful cervical spine range of motion. Medications were refilled. Trazodone was being prescribed for difficulty sleeping. Topamax was being prescribed for migraine headaches which was not a listed diagnosis. Relpax was also being prescribed. Neurontin was prescribed as a total dose of 1200 mg per day. Cymbalta was being prescribed for neuropathic pain. In this case, Topamax is being prescribed for migraine prophylaxis. The claimant, however, has a diagnosis of cervicogenic headaches which is not an indication for prescribing this medication. Ongoing prescribing of Topamax is not medically necessary.

Cymbalta 60mg #60, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1995 and continues to be treated for neck and upper extremity pain and cervicogenic headaches. When seen, there was decreased and painful cervical spine range of motion. Medications were refilled. Trazodone was being prescribed for difficulty sleeping. Topamax was being prescribed for migraine headaches which was not a listed diagnosis. Relpax was also being prescribed. Neurontin was prescribed as a total dose of 1200 mg per day. Cymbalta was being prescribed for neuropathic pain. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. Cymbalta (duloxetine) can also be recommended as an option in first-line treatment of neuropathic pain. In this case, the claimant's gabapentin dosing is less than that recommended and there are no reported side effects or contraindication to prescribing at a higher dose. Prescribing another first-line agent without adequate titration of the claimant's gabapentin dosing is not medically necessary.