MAXIMUS Federal Services

Case Number:	CM15-0134272		
Date Assigned:	07/22/2015	Date of Injury:	02/15/2012
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female, who sustained an industrial injury on February 15, 2012. She reported back pain, left arm pain and scapular pain after a fall and was diagnosed with trapezius and thoracic strain. Treatment to date has included physical therapy, modified work duties, lumbar epidural steroid injection, MRI of the lumbar spine, MRI of the left shoulder, functional restoration program, acupuncture, cognitive behavioral therapy and medications. Currently, the injured worker complains of chronic neck, back and left shoulder pain. She reports that the focus of her pain is the left shoulder pain, which seems to be causing more neck pain and back pain. She reports that acupuncture therapy did not provide significant help during her recent therapy and her physical therapy was helpful with regard to reducing her neck and back pain. She reports continued difficulty raising her left arm very far and notes that she is not able to perform many activities at home because of the left shoulder pain. She has difficulty with sleep. She reports that her medications help with her pain and ability to function. On physical examination, the injured worker has tenderness to palpation over the lumbosacral junction and has a decreased lumbar range of motion. A straight leg raise is positive at the left lower extremity and she has decreased motor strength with right leg extension and with left foot dorsiflexion. Her right wrist is tenderness to palpation over the palmar side. She has decreased range of motion of the right wrist and has a positive Finkelstein test. The evaluating physician notes that the injured worker rates her pain without medications a 9 on a 10-point scale and when using medications including Buprenorphine she rates her pain a 4 on a 10-point scale. The documentation reveals the injured worker reports that she will not be able to tolerate her pain

without her medications and she is able to cook, exercise and walk with less pain. The diagnoses associated with the request include thoracic region sprain-strain, lumbar region sprain-strain, psychogenic pain, and lumbosacral spondylosis, lumbar disc displacement without myelopathy, cervical disc displacement and pain in shoulder joint. The treatment plan includes venlafaxine hydrochloride, buprenorphine troches, and topiramate-Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine Hydrochloride ER 37.5mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient presents with back, left shoulder and neck pain. The request is for Venlafaxine hydrochloride er 37.5 mg, qty: 60. Physical examination to the lumbar spine on 07/06/15 revealed tenderness to palpation at the lumbosacral junction. Range of motion was restricted in all planes. Straight leg raising test was positive at the left lower extremity at about 50 degrees. Examination to the cervical spine revealed tenderness to palpation over the posterior paraspinal muscles, worse on the left than right. Patient's treatments have included medication, traction device, physical therapy, acupuncture, and multiple lumbar ESIs with some benefits. Per 06/01/15 progress report, patient's diagnosis includes spondylosis lumbosacral, lumbar disc displacement without myelopathy, cervical disc displacement and pain in the joint shoulder. Patient's medications, per 07/13/15 progress report include Nabumetone-relefan, Pantaprazole-protonix, Orphenadrine-Norflex ER, Buprenorphine Sublingual Troches, Topitamate-tomamax, and Atenolol. Per 06/01/15 progress report, patient is off work until next office visit. MTUS Chronic Pain Medical Treatment Guidelines, under Venlafaxine-Effexor-States: "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective-serotonin reuptake inhibitor 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." In progress report dated 07/13/15, treater states that the patient utilizes Venlafaxine for neuropathic pain. In the same report, it is stated that the patient has left sided neck pain that is causing headaches. Patient has received prescriptions for Venlafaxine from 01/05/15 and 07/13/15. However, there is no documentation of pain and functional improvement with the use of Venlafaxine. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Buprenorphine 0.25mg sublingual troches, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Medications for chronic pain, Criteria for use of Opioids Page(s): 26-27, 60, 61, 88, 89, 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Buprenorphine.

Decision rationale: The patient presents with neck, back and left shoulder pain. The request is for Buprenorphine 0.25 mg sublingual troches, qty: 60.00. Physical examination to the lumbar spine on 07/06/15 revealed tenderness to palpation at the lumbosacral junction. Range of motion was restricted in all planes. Straight leg raising test was positive at the left lower extremity at about 50 degrees. Examination to the cervical spine revealed tenderness to palpation over the posterior paraspinal muscles, worse on the left than right. Patient's treatments have included medication, traction device, physical therapy, acupuncture, and multiple lumbar ESIs with some benefits. Per 06/01/15 progress report, patient's diagnosis includes spondylosis lumbosacral, lumbar disc displacement without myelopathy, cervical disc displacement and pain in the joint shoulder. Patient's medications, per 07/13/15 progress report include Nabumetone-relefan, Pantaprazole-protonix, Orphenadrine-norflex ER, Buprenorphine Sublingual Troches, Topitamate-tomamax, and Atenolol. Per 06/01/15 progress report, patient is off work until next office visit. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. For Buprenorphine, MTUS pages 26-27 specifically recommend it for treatment of opiate addiction and also for chronic pain. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence...Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neurotic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." Treater does not specifically discuss this medication. The patient is prescribed Buprenorphine from 01/05/15 and 07/13/15. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Buprenorphine significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Buprenorphine. No validated instrument is used to show functional improvement. Furthermore, there is neither documentation nor discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES nor opioid pain contract. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Topiramate-Topomax 25mg, QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs (AEDs) Page(s): 16-18, 21.

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

Decision rationale: The patient presents with neck, back and left shoulder pain. The request is for Topiramate-Topomax 25 mg qty: 240.00. Physical examination to the lumbar spine on 07/06/15 revealed tenderness to palpation at the lumbosacral junction. Range of motion was restricted in all planes. Straight leg raising test was positive at the left lower extremity at about 50 degrees. Examination to the cervical spine revealed tenderness to palpation over the posterior paraspinal muscles, worse on the left than right. Patient's treatments have included medication, traction device, physical therapy, acupuncture, and multiple lumbar ESIs with some benefits. Per 06/01/15 progress report, patient's diagnosis includes spondylosis lumbosacral, lumbar disc displacement without myelopathy, cervical disc displacement and pain in the joint shoulder. Patient's medications, per 07/13/15 progress report include Nabumetone-relefan, Pantaprazole-protonix, Orphenadrine-norflex ER, Buprenorphine Sublingual Troches, Topitamate-tomamax, and Atenolol. Per 06/01/15 progress report, patient is off work until next office visit.MTUS Guidelines page 21, "Topiramate (Topamax) 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Patient has received prescriptions for Topamax from 01/05/15 and 07/13/15. In progress report dated 07/13/15, treater states that the patient utilizes Topamax for neuropathic pain. However, patient is not diagnosed with neuropathic pain. Furthermore, MTUS Guidelines page 60 requires documentation of medication efficacy in terms of pain reduction and functional gains when used for chronic pain. In this case, there is no documentation of pain and functional improvement with the use of Topamax. Therefore, the requested Topamax is not medically necessary.