

Case Number:	CM15-0145811		
Date Assigned:	08/10/2015	Date of Injury:	04/30/2008
Decision Date:	09/29/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 56-year-old female who sustained an industrial injury on 04-30-2008. Previous treatments included medications, chiropractic, steroid injection, Synvisc injection, physical therapy, psyche evaluation, and surgical intervention. Report dated 06-30-2015 noted that the injured worker presented for follow up. It was noted that the injured worker would like to try a substitute for duloxetine as it is not approved by worker's compensation. Pain level was not included. Objective findings included a blunted affect and depressed, mood was depressed and anxious, psychomotor was slightly slow, and gait was antalgic. Diagnosis is major depression, single episode. The treatment plan included returning in one month, the injured worker was prescribed Topamax, Fetzima, Neurontin, Wellbutrin SR, and Cytomel (prescriptions were written as DAW-dispense as written), and a referral to a psychologist was recommended. Report dated 06-29-2015 noted that the injured worker presented with complaints of neck, bilateral knee, right shoulder, and right wrist pain. Pain level was 7 (current), 6 (average), and 3 (with medications) out of 10 on the visual analog scale (VAS). Pain relief lasts for 2 hours. Current medications included Gralise, Cymbalta, and Zipsor. Objective findings included right and left knee diffuse tenderness, and right shoulder with decreased, painful range of motion. Diagnoses included headache, neck sprain-strain, right shoulder strain-sprain and adhesive capsulitis, degenerative joint disease, and chronic pain syndrome. Treatment plan included a request to continue titration of Gralise 600 mg increase to 3 at night, request for Zipsor and Cymbalta, proceed with authorized chiropractic neurological and psychological treatment, and request for cardiology consultation. Disputed treatments include Topamax 25mg

#90, Fetzima 40mg #30, Neurontin 300mg #90, Wellbutrin SR 150mg #60, Cytomel 25mcg #30, Cymbalta 30mg #120, Zipsor 25mg #30, and Gralise 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #90 with two refills, 2 tablets at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Topiramate(Topamax) Page(s): 16-18, 21.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. The medical records submitted support that the injured worker is currently prescribed Topamax, Neurontin, and Gralise, which are all Anti-Epilepsy drugs (AEDs), with no clinical rationale provided to justify the necessity for using three anti-epileptic drugs. Furthermore, there is no evidence on physical examination that the injured worker has neuropathic pain and documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Topamax. The request for Topamax 25mg #90 with two refills, 2 tablets at bedtime is subsequently not medically necessary per MTUS guidelines.

Fetzima 40mg #30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15 and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a613048.html>.

Decision rationale: Fetzima (Levomilnacipran) is in a class of medications called Selective Serotonin and Norepinephrine reuptake inhibitors (SNRIs), used to treat depression. Per guidelines, antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. According to chart documentation, the injured worker is diagnosed with Major Depression and Anxiety in addition to chronic pain. Physician report fails to show evidence of significant improvement in function or symptoms of depression on current medication regimen. The request for Fetzima is not medically necessary per guidelines.

Neurontin 300mg #90 with two refills, tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin (Neurontin) Page(s): 16-19.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered the first line treatment for neuropathic pain. The medical records submitted support that the injured worker is currently prescribed Topamax, Neurontin, and Gralise, which are all Anti-Epilepsy drugs (AEDs), with no clinical rationale provided to justify the necessity for using three anti-epileptic drugs. Furthermore, there is no evidence on physical examination that the injured worker has neuropathic pain and documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Neurontin. The request for Neurontin 300mg #90 with two refills, tid is subsequently not medically necessary per MTUS guidelines.

Wellbutrin SR 150mg #60 with two refills, 1 in the am and 1 at noon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain, Bupropion (Wellbutrin) Page(s): 13-16, 27.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor), has been shown to be effective in relieving neuropathic pain of different etiologies. The injured worker is diagnosed with depression and anxiety. There is no evidence on physical examination that the injured worker has neuropathic pain. Physician report fails to show evidence of significant improvement in function or symptoms of depression on current medication regimen to establish the medical necessity for ongoing use of Wellbutrin SR. The request for Wellbutrin SR 150mg #60 with two refills, 1 in the am and 1 at noon is not medically necessary by MTUS.

Cytomel 25mcg #30 with two refills, every morning: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Not addressed. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682462.html>.

Decision rationale: Cytomel (Liothyronine) is a thyroid hormone used to treat hypothyroidism, a condition where the thyroid gland does not produce enough thyroid hormone. Documentation fails to show that the injured worker has Hypothyroidism and there is lack of clear clinical evidence to justify the use of Cytomel. The request for Cytomel 25mcg #30 with two refills, every morning is not medically necessary.

Cymbalta 30mg #120, 1 tab QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antidepressants for chronic pain Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antidepressants for Chronic pain, Cymbalta (duloxetine), Medications for Chronic pain, SNRI's (serotonin norepinephrine reuptake inhibitors) Page(s): 13, 42, 60, and 105.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The use of this drug for neuropathic pain and radiculopathy is off label. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured is diagnosed with depression and anxiety in addition to chronic pain. Documentation did not support that the injured worker has complaints associated with neuropathic pain. Physician report further fails to show evidence of significant improvement in function or symptoms of depression on current medication regimen. The request for Cymbalta 30mg #120, 1 tab QID is not medically necessary per guidelines.

Zipsor 25mg #30, 1 tab QD PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAIDs Page(s): 67-68 and 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-71.

Decision rationale: Zipsor (diclofenac) liquid-filled capsules are used to treat mild to moderate acute pain. The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAIDs). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS, NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." The

medical records submitted supports that the injured worker has complaints of chronic pain, and there is no documentation to support that the injured worker has tried and failed acetaminophen. In addition, the injured worker has been prescribed Zipsor since at least 04-17-2015, which supports long-term use. Therefore, the request for Zipsor 25mg #30, 1 tab QD PRN is not medically necessary.

Gralise 600mg #90, 3 tabs PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin (Neurontin) Page(s): 16-19.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. Gralise (Neurontin) has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered the first line treatment for neuropathic pain. The medical records submitted support that the injured worker is currently prescribed Topamax, Neurontin, and Gralise, which are all Anti-Epilepsy drugs (AEDs), with no clinical rationale provided to justify the necessity for using three anti-epileptic drugs. Furthermore, there is no evidence on physical examination that the injured worker has neuropathic pain and documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Neurontin. The request for Gralise 600mg #90, 3 tabs PO QD is subsequently not medically necessary per MTUS guidelines.