MAXIMUS Federal Services

Case Number:	CM15-0146904		
Date Assigned:	08/18/2015	Date of Injury:	04/28/2000
Decision Date:	09/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female injured worker suffered an industrial injury on 4-28-2000. The diagnoses included cervical and lumbar disc displacement without myelopathy and depression. The treatment included medications and lumbar epidural steroid injections. The diagnostics included brain and lumbar-cervical spine magnetic resonance imaging. On 6-8-2015 the provider reported longstanding neck pain. She was quite depressed and crying throughout the exam. While on Effexor she had better coping and fewer episodes of crying. The lumbar spine had spasms and guarding with positive left straight leg raise. On 5-11-2015 the treating provider reported severe neck pain radiating to both arms with weakness in the left hand. She also reported back, leg and knee pain. On exam the cervical spine was tender. On 4-10-2015 the provider noted intermittent numbness and tingling in the upper extremities with pain level 7 to 8 out of 10 without medication and 5 out of 10 with medications. The injured worker had/ not returned to work. The requested treatments included Topamax, Venlafaxine and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg Qty 60: Upheld

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

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

Decision rationale: The use of topiramate is clearly addressed by the MTUS guidelines with respect to use in cases of chronic pain. Topiramate 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 fail. The provided documents do not provide clear evidence that previous attempts at treatment with first-line anticonvulsants have failed, and therefore given the provided records and the position of the MTUS, the request for treatment with topiramate is not medically necessary.

Venlafaxine HCL ER 37.5mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: The MTUS recommends Effexor (an antidepressant and a selective-serotonin and norepinephrine reuptake inhibitor) as a first-line treatment for neuropathic pain. The provided documents indicate that the patient has been taking this medication for some time. Utilization review denied the request, however, the appeal letter from the treating physician reasonably requests continued treatment. Given the long history of treatment and potential for depression in the patient's clinical picture, it appears that continued treatment is reasonable. Therefore, the request for venlafaxine is considered medically necessary.

Norflex ER 100mg, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment, the quantity of medications currently requested is not medically necessary and appropriate.