

Case Number:	CM15-0169299		
Date Assigned:	09/10/2015	Date of Injury:	08/11/2011
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, Texas
 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 male, who sustained an industrial injury on 8-11-11. The injured worker has complaints of neck, low back and the left shoulder pain. The documentation on 8-12-15 noted the injured worker had gained 30 pounds from the injury. The documentation noted tenderness along the cervical paraspinal muscles. Magnetic resonance imaging (MRI) of the lumbar in 2013 showed disc disease and degenerative changes at L4-L5 and L5-S1 (sacroiliac) with retrolisthesis at both level, it also showed some wear along the thoracic spine at T11 to T12. Computerized tomography (CT) scan of 2014 showed quite of foraminal narrowing at L5-S1 (sacroiliac) bilaterally. Nerve studies have been unremarkable. The diagnoses have included other and unspecified disc disorder, lumbar region. Treatment to date has included left shoulder surgery in July 2012 consisting of decompression and labral repair; lysis of adhesion in November 2013 with improvement of motion follow by 12 therapy sessions; computerized tomography (CT) scan of the back in February 2014 showed quite of foraminal narrowing at L5-S1 (sacroiliac) bilaterally as well as facet changes; magnetic resonance imaging (MRI) of lumbar spine in 2013 showed retrolisthesis at L4-L5 and L5-S1 (sacroiliac) with some narrowing at both levels; C5-C6 and C6-C7 facet injection; back brace; hot and cold wrap; collar with the gel; neck pillow; Norco; tramadol; Aciphex; Celebrex and Gabapentin. The original utilization review (8-24-15) partially approved a request for Effexor XR 75mg modified to 30 tablets (original request for #60) to allow for weaning; the request for 60 tablets of Protonix 20mg certified and the request for 60 tablets of Topamax 50mg was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Topamax 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS, AEDs are recommended for neuropathic pain (pain due to nerve damage). 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 (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case the patient is taking Topamax for a diagnosis of headaches. He is also receiving Maxalt for this indication. The documentation doesn't support that the patient is taking Topamax for a diagnosis of neuropathic pain. The medical necessity for the use of Topamax is not made.

60 tablets of Effexor XR 75mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter (updated 03/25/15)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071161/http://www.headachejournal.org/SpringboardWebApp/userfiles/headache/file/AHS-AAN%20Guidelines.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: According to the MTUS, antidepressant medications such as Effexor are a good options for neuropathic pain and may be used in non-neuropathic pain. Effexor is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case the patient has a diagnosis of depression and is using Effexor with improvement of his symptoms. The continued use is medically necessary.