

Case Number:	CM15-0193350		
Date Assigned:	10/07/2015	Date of Injury:	07/04/2007
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old female who sustained a work-related injury on 7-4-07. Medical record documentation on 9-16-15 revealed the injured worker was being treated for complex regional pain syndrome of the right lower extremity, status post spinal cord stimulator implant and replacement. She reported good stimulation to the right leg and knee with no electrical shooting pain stemming from her replaced spinal stimulator electrode. Objective findings included hypersensitivity, hyperhidrosis, and pain with range of motion of the knee. On 7-1-15, the injured worker rated her right knee pain an 8-9 on a 10-point scale. She continued to have on and off catching and popping of the right knee mainly while walking. She had constant swelling to the right knee and stated that her lower right leg had discoloration with swelling. She continued to feel on and off numbness to the right toes and was using 8-10 Percocet tablets per day. Overall she reported no new changes. Objective findings included right knee pain over the anterior medial knee and anterior lateral knee. Passive range of motion of the right knee was extension to 5 degrees and flexion to 120 degrees. Her right knee was mildly hypersensitive to light touch. A request for Elavil 25 mg # 60, Topamax 100 mg 330 and Percocet 10-325 mg #300 was received on 9-17-15. On 9-24-15, the Utilization Review physician modified Elavil 25 mg # 60 to #30, and determined Topamax 100 mg 330 and Percocet 10-325 mg #300 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg, #60: Upheld

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

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

Decision rationale: According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, there were no neuropathic symptoms. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG or levels to determine toxicity. There were no neuropathic symptoms. The continued use of Elavil is not medically necessary.

Topamax 100mg, #30: Upheld

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

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

Decision rationale: 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 fail. In this case, there was no mention of failure of other medications. There was pain and hyperhidrosis but no recent objective indications of central neuropathic symptoms. The request to continue Topamax is not medically necessary.

Percocet 10/325mg, #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a

trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months. There was no mention of Tylenol, NSAID, or weaning failure. There was mention to wean the Percocet for several months but the quantity supplied remained the same. The continued use of Percocet is not medically necessary.