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| <b>Case Number:</b>   | CM15-0194020 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 01/18/1996 |
| <b>Decision Date:</b> | 12/14/2015   | <b>UR Denial Date:</b>       | 09/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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, Pain Management

### 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 66 year old male, who sustained an industrial injury on 1-18-1996. Medical records indicate the worker is undergoing treatment for headaches, cervical pain and low back pain. A recent progress report dated 8-5-2015, reported the injured worker complained of neck pain rated 5 out of 10, worsening headaches rated 7 out of 10, low back pain and right thigh burning. Physical examination revealed dorso-lumbar pain with spasm and "limited flexion and extension," cervical spasm with paraspinal tenderness and "limited range of motion to flexion and extension" and sub-occipital tenderness. Treatment to date has included medication management. Notes indicate that the headache frequency has been reduced since starting Topamax and Imitrex. The patient is noted to have burning pain in the right thigh with physical examination findings of hyperesthesia in the thigh. Cymbalta is recommended to be started for the neuropathic pain complaints in the lower extremity. The physician is requesting Topiramate 100mg #60 (since at least 12-11-2014), Duloxetine HCL DR 60 #30, Cambia 50mg powder #9 and Sumatriptan Succinate 100 #9 (since at least 12-11-2014). On 9-17-2015, the Utilization Review noncertified the request for Topiramate 100mg #60, Duloxetine HCL DR 60 #30, Cambia 50mg powder #9 and Sumatriptan Succinate 100 #9.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 100mg #60: Overturned**

**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:** Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Additionally, antiepileptic drugs are frequently used as a prophylactic agent for the treatment of headache. Within the documentation available for review, the requesting physician has identified that Topamax has reduced the patient's headache complaints. It is acknowledged, that there should be better documentation indicating the degree of improvement and functional benefit as a result of this medicine. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested topiramate (Topamax) is medically necessary.

**Duloxetine HCL DR 60 #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

**Decision rationale:** Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, it appears the patient has subjective complaints and objective findings consistent with neuropathic pain. As such, a trial of Cymbalta is a reasonable treatment option to see if the neuropathic pain can be better controlled. Of course, ongoing use would require documentation of analgesic efficacy, objective functional improvement, and discussion regarding side effects. In light of the above, the currently requested duloxetine (Cymbalta) is medically necessary.

**Cambai 50mg powder #9: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Cambai 50mg powder #9, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Cambai is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Cambai 50mg powder #9 is not medically necessary.

**Sumatriptan Succ 100 #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: [http://ihs-classification.org/en/02\\_klassifikation/02\\_teil1/01.01.00\\_migraine.html](http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html).

**Decision rationale:** Regarding the request for sumatriptan, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The [REDACTED] contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, it appears the patient has headaches consistent with migraine. Additionally, the requesting physician has identified that sumatriptan reduces the severity of the patient's complaints. It is acknowledged, that there should be better documentation indicating the degree of improvement provided by this medicine including objective functional improvement. However, a one-month prescription should allow the requesting physician time to better document those issues. As such, the currently requested sumatriptan is not medically necessary.