

<b>Case Number:</b>	CM15-0201072		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 49-year-old female, who sustained an industrial injury on 4-15-2003. Medical records indicate the worker is undergoing treatment for reflex sympathetic dystrophy of the upper limb, cervical disc degeneration, cervical post laminectomy syndrome and carpal tunnel syndrome with surgical release. A recent progress report dated 9-23-2015, reported the injured worker complained of neck, shoulder and bilateral upper extremities pain. Physical examination revealed "reduced cervical range of motion" and right hand is weaker than the left. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation), acupuncture, hypnotherapy, bilateral stellate ganglion blocks Nucynta, Namenda and Topamax-all since at least 4-7-2015. The injured worker reports improvement in the pain with the stellate ganglion blocks. The physician is requesting Nucynta 50mg #60, Namenda 5mg #60 with 2 refills and Topamax 25mg #60 with 2 refills. On 10-6-2015, the Utilization Review noncertified the request for Nucynta 50mg #60, Namenda 5mg #60 with 2 refills and Topamax 25mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** MTUS states regarding the use of opioids that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Further, there is no documentation provided in the available record of appropriate monitoring of long-term opioid use, as would be appropriate in this case. As such, the request for Nucynta 50mg #60 is deemed not medically necessary.

**Namenda 5mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medications for CRPS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS medications.

**Decision rationale:** Namenda is the trade name for memantine a NMDA receptor antagonist, which is used primarily as a treatment for Alzheimer's or vascular dementias. Notable side effects include; cardiac failure, pancreatitis and suicidal ideation. Both the CA-MTUS and ODG state regarding NMDA antagonists for CRPS; "Stimulus-evoked pain: treatment is aimed at central sensitization. With NMDA receptor antagonists (ketamine and amantadine) convincing controlled trials are lacking, and these drugs are known for their side effects." The treating physician provides, within the record, an article looking at the use of memantine for the treatment of CRPS. However, there are no clinical trials done in support of this new indication and the study in question is limited, it points a way forward but in no way establishes efficacy or safety of this medications use in this disorder. Given the potential risks of this medication and the lack of controlled trials to support it's use, the request for Namenda 5mg #60 with 2 refills is deemed not medically necessary.

**Topamax 25mg #60 with 2 refills:** 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:** Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." The available medical record makes note of prior use of gabapentin as well as noting that the IW has reduced headache pain and is able to lower opioid dosing secondary to the use of the topiramate. While the variability of effect of this medication is well known, the documentation provided would indicate good effect and limited/no side effects with its use. As such, I am reversing the prior decision and deem the request for Topamax 25mg #60 with 2 refills to be medically necessary. Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Topamax 100mg #30 is not medically necessary.