

<b>Case Number:</b>	CM15-0203745		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old female, who sustained an industrial injury on 11-29-11. The injured worker was being treated for neck pain and headaches. On 9-10-15, the injured worker complains of continued neck pain and headaches. Work status is noted to be retired. Physical exam performed on 9-10-15 revealed left levator scapula is somewhat indurated and negative compression test. Treatment to date has included Nortriptyline 50mg, Motrin 600mg; home exercise program and activity modifications. A request for authorization was submitted on 9-17-15 for Topamax 50mg #90 with 3 refills and Nortriptyline 50mg #90 with 3 refills. On 9-30-15 request for Topamax 50mg #90 with 3 refills and Nortriptyline 50mg #90 with 3 refills was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50 MG #90 with 3 Refills:** Upheld

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

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

**Decision rationale:** Topamax 50 MG #90 with 3 refills is not medically necessary per the MTUS Guidelines. Topiramate (Topamax, no generic available) 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 MTUS states 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. The request for 3 refills of this medication is not appropriate as the MTUS does not support ongoing use of this medication without evidence of efficacy. Therefore, this request is not medically necessary.

**Nortriptyline 50 MG #90 with 3 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).

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

**Decision rationale:** Nortriptyline 50 MG #90 with 3 Refills is not medically necessary per the MTUS Guidelines. The MTUS states that in regards to antidepressants for chronic pain, an 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The request for 3 refills of this medication is not appropriate as the MTUS does not support ongoing use of this medication without evidence of efficacy. Therefore, this request is not medically necessary.