

Case Number:	CM15-0206006		
Date Assigned:	10/23/2015	Date of Injury:	03/01/2011
Decision Date:	12/22/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 29-year-old male, with a reported date of injury of 03-01-2011. The diagnoses include lumbar post-laminectomy syndrome, and displacement of lumbar intervertebral disc without myelopathy. The progress report dated 09-16-2015 indicates that the injured worker complained of low back pain and leg pain. The injured worker's pain rating was not indicated. It was noted that there was no alcohol abuse or suicidal ideation, depression, anxiety, and sleep disturbances. The physical examination showed a negative seated straight leg raise bilaterally, 2+ reflexes in the knees, 1+ reflex in the ankles; and no extensor hallucis longus weakness. The treating physician stated that the injured worker remained maximally medically improved. On 07-14-2015, the injured worker reported that his low back pain had improved since the last visit with medications and exercise. It was noted that the injured worker had a history of schizophrenia. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Lidoderm patch (since at least 01-2015), Paxil (since at least 01-2015), Seroquel (since at least 01-2015), Topamax (since at least 01-2015), a home exercise program, and a gym program. The date of the request for authorization was not indicated. The treating physicians requested Lidoderm 5% patch #30 with five refills; Paxil 20mg #30 with five refills; Seroquel 100mg #30 with five refills; and Topamax 50mg #60 with five refills. On 09-28-2015, Utilization Review (UR) non-certified the request for Lidoderm 5% patch #30 with five refills; Paxil 20mg #30 with five refills; Seroquel 100mg #30 with five refills; and Topamax 50mg #60 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch (12 Hrs On/12 Hrs Off) #30 With 5 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a Lidocaine patch. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants, or an AED, such as Gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, medical necessity of the requested medication with 5 refills has not been established. The requested topical analgesic is not medically necessary.

Paxil 20 Mg, One Po Qd #30 With 5 Refills: 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): SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants.

Decision rationale: According to the ODG, antidepressants are recommended, although not generally as a stand-alone treatment for the treatment of depression. They are recommended for the initial treatment of presentation of major depressive disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Paxil (Paroxetine) is an antidepressant drug of the selective serotonin reuptake inhibitor type (SSRI). It is indicated for the treatment of major depression, obsessive-compulsive disorder, panic disorder, social anxiety, post-traumatic stress disorder, and generalized anxiety disorder. In this case, there is no documentation of a psychological evaluation with this review. Although Paxil has been prescribed since at least 01/2015, there is no documentation that this medication is medically necessary for this patient's medical conditions. Medical necessity for the requested medication has not been established. However, weaning of this medication is recommended. The requested medication is not medically necessary.

Seroquel 100 Mg Tablet #30 With 5 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Seroquel (Quetiapine).

Decision rationale: According to ODG, Seroquel (Quetiapine) is an atypical anti-psychotic medication. Anti-psychotic drugs are not recommended as first-line treatment to treat behavioral problems. There is insufficient evidence to recommend atypical anti-psychotics, such as, Seroquel, for conditions covered in ODG. There is insufficient evidence to recommend atypical anti-psychotics for the treatment of PTSD. In addition, there is no specific documentation indicating that this medication is indicated for the treatment of a chronic pain condition. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In this case, the patient has a diagnosis of schizophrenia. However, psychological evaluation notes have not been provided for this review. Therefore, the requested medication is not medically necessary.

Topamax 50 Mg, One Po Bid #60 With 5 Refills;: 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: Topiramate (Topamax) is an anticonvulsant (antiepilepsy) drug (AED). According to the CA MTUS and the ODG, AED's are recommended for neuropathic pain. 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. The choice of specific agents depends on the balance between effectiveness and adverse reactions. The guidelines cite the role of AEDs in the management of non-acute pain and chronic conditions such as, polyneuropathy, post-herpetic neuralgia, central pain, spinal cord injury, postoperative pain, migraine headaches, and chronic non-specific axial low back. 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. In addition, among the pharmacological treatments for PTSD, there is evidence of moderate strength supporting the efficacy of Topiramate for improving PTSD symptoms. In this case, there is no documentation of evidence of improvement with its

previous use. Medical necessity for Topiramate has not been established. The requested medication is not medically necessary.