

Case Number:	CM15-0216778		
Date Assigned:	11/06/2015	Date of Injury:	06/17/2011
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58-year-old male who sustained an industrial injury on 6-17-11. Medical records indicate that the injured worker has been treated for chronic neck and upper extremity pain; chronic persistent headaches, migraine, cervicogenic; chronic shoulder pain; bilateral carpal tunnel syndrome; bilateral peripheral neuropathy; left shoulder pain He currently (10-14-15) complains of having daily headaches. Medication helps decrease the amount of headaches and enables him to sleep. His pain level without medication was 9 out of 10 and with medication was 6-7 out of 10. His activity level has improved with medication, as he is able to walk 15-20 minutes daily, he is doing more housework. The 8-19-15 physical indicates continued decrease in range of motion of cervical spine; limited range of motion of right shoulder. Diagnostics include MRI of the cervical spine (10-25-13); left shoulder MRI (6-9-14). Treatments to date include physical therapy for the shoulder; status post right shoulder surgery (11-23-11); left shoulder surgery (1-13-15); medication: Topamax with benefit for headache relief and on since at least 4-28-15, Cymbalta with benefit to manage pain and depression and on since at least 6-24- 15, Norco. The request for authorization was not present. On 10-29-15 Utilization Review non- certified the requests for Topamax 50mg #60, modified to #30; Cymbalta 30mg #30, modified to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg, #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 based on Non-MTUS Citation Topiramate: Drug information, Topic 10006, version 171.0, UpToDate, accessed 12/20/2015.

Decision rationale: Topamax (topiramate) is a medication in the anticonvulsant class. The MTUS Guidelines recommend its use for neuropathic pain when other anticonvulsant medications have failed. The literature demonstrates variable efficacy with central neuropathic pain. Topiramate is also FDA-approved for the treatment of partial and generalized seizures and for the prevention of migraine headaches. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder and neck, migraine headaches, problems sleeping, and depressed and anxious moods. The documented pain assessments were minimal and did not contain the majority of the elements suggested by the Guidelines. There was no mention of seizures or report of findings consistent with neuropathic pain. However, the frequency of the worker's migraine headaches reportedly decreased with the use of this medication. In light of this supportive evidence, the current request for sixty tablets of Topamax (topiramate) 50mg is medically necessary.

Cymbalta 30mg, #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, Duloxetine (Cymbalta).

Decision rationale: The MTUS Guidelines support the use of Cymbalta (duloxetine) for the management of some types of chronic pain. The literature has demonstrated good results with the use of duloxetine to manage fibromyalgia, and the FDA has approved the medication as first line treatment for anxiety, depression, and diabetic neuropathy. There is some evidence to support its use for the treatment of neuropathy not caused by diabetes and of radiculopathy overall. However, more information is needed to support its use longer than twelve weeks. In addition, the guidelines and literature specifically do not support the use of duloxetine for lumbar radiculopathy. The Guidelines recommend that regular assessments during treatment should include descriptions of pain outcomes, function, changes in the use of other pain medications, sleep quality and duration, psychological assessments, and side effects. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder and neck, migraine headaches, problems sleeping, and depressed and anxious moods. While not all of the criteria encouraged by the Guidelines were documented, the majority was, and these records reported the worker had benefit from the use of duloxetine. In light of this supportive evidence, the current request for thirty capsules of Cymbalta (duloxetine) 30mg is medically necessary.

