

Case Number:	CM15-0035932		
Date Assigned:	03/04/2015	Date of Injury:	06/09/1998
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 61-year-old female, who sustained a work/ industrial injury on 6/9/98. She has reported symptoms of shoulder, arm, wrist pain on the right as well as back, hip, left pelvic, right ankle, and right knee pain with numbness in both toes. Other reported symptom was migraine-type headaches. Prior medical history included asthma. The diagnoses have included lumbago, cervical pain/cervicalgia, myofascial pain syndrome, lateral epicondylitis, and wrist/forearm pain. Treatments to date included gentle rehabilitation program psychological cognitive behavior therapy and medication. Medications included Flexeril, Tramadol, Vitamin D, Aciphex, B-12 injections, and Topamax. The treating physician's report (PR-2) from 1/19/15 indicated the injured worker complained of lower back pain, neck pain, migraine headaches and depression. Medications were reported to be helpful. Pain was rated 6/10 with med use. Examination noted positive tenderness over the subacromial space, bilateral upper arm and lateral epicondyle areas. Upper extremity range of motion measured restricted flexion and abduction. There was note of depression and anxiety. A request was made for renewal of medication to include Effexor and Topamax. On 2/4/15, Utilization Review non-certified a Effexor extended release 75mg quantity 60 with four refills; Topamax 50mg quantity 60 with four refills, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor extended release 75mg quantity 60 with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Amitriptyline; Specifically studied underlying pain etiologies; Neuropathic pain; Non neuropathic pain; Fibromyalgia; Low Back Pain, chronic; radiculopathy; Osteoarthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 124.

Decision rationale: According to MTUS guidelines, "Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day." Effexor is generally considered after failure of tricyclic antidepressants or if they are poorly tolerated or contraindicated for treatment of chronic pain. There is no documentation of failure, intolerance or contraindication for tricyclic antidepressant to favor the use of Effexor. There is no documentation of improvement of the patient's condition with the previous use of the medication. There is no documentation of the medical necessity to use Effexor and the modalities to assess its efficacy and side effects. Therefore, the request for effexor ER 75 mg #60, with 4 refills is not medically necessary.

Topamax 50mg quantity 60 with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs; Painful polyneuropathy; Postherpetic neuralgia; Central pain; Chronic non specific axial low back pain; Spinal cord injury; CRPS; Fibromyalgia; Lumbar spinal stenosis; Myofascial pain; Post operative pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>.

Decision rationale: TOPAMAX (topiramate) Tablets and TOPAMAX (topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of functional improvement with the prior use of Topamax. There is no documentation of failure of first line pain medications. Therefore, the request for Topamax 50mg #60, with 4 refills is not medically necessary.

