

<b>Case Number:</b>	CM15-0038832		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 42 year old female, who sustained an industrial injury on February 13, 2013. She reported an injury when an assailant entered her place of business and struck her on the head. The injured worker was diagnosed as having post-concussive syndrome. Treatment to date has included acupuncture, physical therapy 2 years prior, hand therapy and outpatient psychotherapy, medication, .She reports some benefit with acupuncture with less muscle tension and pain in her back. She reports she uses a Butrans patch, which allows a 50% reduction in pain, and she is having good benefit with the patch. She feels Topamax has not been as helpful with her headaches and she would like to wean off the Topamax. She reports that she is able to exercise better with less pain and be more active. Currently, the injured worker complains of chronic neck, bilateral upper extremity and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate-topomax 45 mg #60 x 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**Decision rationale:** Guidelines recommend topomax for neuropathic pain. In this case, the claimant continues to have persistent back pain. There is no evidence of objective functional gains with medication use. Thus, this medication should be weaned and discontinued. The request for Topomax 45 mg #60 x 120 is not medically necessary and appropriate.

**Venlafaxine HCL ER 37.5 mg #60 x 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant Page(s): 13-16.

**Decision rationale:** Guidelines recommend antidepressants for chronic pain for neuropathic pain. In this case, the patient continues to have persistent back pain, nausea, poor concentration, numbness and weakness as well as anxiety and depression. Documentation lacks evidence of objectionable functional gains with use of this medication. Thus, the medication should be weaned and discontinued. The request for Venlafaxine HCL ER37.5 mg #60 x 120 is not medically appropriate or necessary.