

Case Number:	CM15-0080891		
Date Assigned:	05/01/2015	Date of Injury:	03/15/2006
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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

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 66 year old male who sustained an industrial fall injury on 03/15/2006. The injured worker was diagnosed with post lumbar laminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy, deep vein thrombosis on anticoagulation and mood disorder. Treatment to date includes surgery, physical therapy, use of a cane, abdominal brace, psychiatric/psychological evaluation, percutaneous spinal cord stimulator (SCS) in September 2012, botulinum injections in July 2012, and medications. The injured worker is status post decompression and fusion of L4-S1 with posterior screws and rods on February 21, 2008. Physician progress notes from December 2014 to March 2015 reflect ongoing pain rated 8-9/10 in severity, poor sleep, and decreased activity level. Soma, Cymbalta, Topamax, bupropion, and multiple additional medications have been prescribed since December 2014. A psychiatric evaluation in 2012 was noted. According to the primary treating physician's progress report on March 30, 2015, the injured worker continues to experience low back pain and rates his pain level at 8/10 with medications. Activity level remains unchanged with poor quality of sleep. Examination demonstrated a slow wide based gait with cane assistance. The lumbar spine had decreased range of motion limited by pain. There was tenderness to palpation of the paravertebral muscles with spasm and tight muscle bands bilaterally. Straight leg raise was positive bilaterally. There was mild decreased motor strength bilaterally with decreased sensation to light touch over the right lateral calf. Current medications are listed as Celebrex, Cymbalta, Soma, Bupropion HCL, Topamax, Oxycodone, Trazodone, Wellbutrin, Levetiracetam, Edarbi, Cytomel, Exforge, Pradaxa, Xarelto, Colace and Senekot. Treatment plan consists of an

authorized neurology consultation, random urine drug screening and the current request for medication renewal of Soma, Cymbalta, Topamax and Wellbutrin SR. The injured worker was noted to be currently not working. On 4/21/15, Utilization Review (UR) non-certified requests for the medications currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #90 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: This injured worker has chronic back pain. Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Topamax 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. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, there was no documentation of neuropathic pain, no documentation of at least a moderate reduction in pain with use, and no documentation of failure of other anticonvulsant medications. There was no documentation of decrease in use of medication or decrease in frequency of office visits. The injured worker was not working, and was noted to have ongoing limitations in activities, which is not consistent with functional improvement. Due to lack of demonstration of improvement in pain or function, and lack of documentation of failure of other anticonvulsants, the request for topamax is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic back pain. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute

exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Due to duration of use in excess of the guidelines, lack of functional improvement, and lack of recommendation by the guidelines, the request for soma is not medically necessary.

Cymbalta 60mg #30 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 13-16, SNRIs p. 105 Page(s): 13-16, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: This injured worker has chronic back pain and diagnosis of mood disorder. Cymbalta has been prescribed for at least four months. The treating physician has not specified the reason for prescription of cymbalta. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant which is FDA approved for treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The MTUS states that duloxetine is recommended as a first-line option in neuropathic pain. In this case, there was no documentation of neuropathic pain. The injured worker was noted to have a mood disorder, and a psychiatric evaluation in 2012 was noted, but there was no discussion of signs and symptoms of depression, no documented mental status examination, and no current evaluation related to depression. There was no documentation of decrease in use of medication or decrease in frequency of office visits. The injured worker was not working, and was noted to have ongoing limitations in activities, which is not consistent with functional improvement. Due to lack of functional improvement, and lack of sufficient evaluation of mood disorder, the request for cymbalta is not medically necessary.

Wellbutrin Sr 200mg ER 1 tablet BID #60 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants, bupropion Page(s): 13-16, 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: This injured worker has chronic back pain and diagnosis of mood disorder. Wellbutrin has been prescribed for at least four months. The treating physician has not specified the reason for prescription of wellbutrin. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Wellbutrin is a second-generation non-tricyclic antidepressant that acts as a noradrenaline and dopamine reuptake inhibitor. It has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial; there is no evidence of efficacy for non-neuropathic chronic low back pain. It is recommended as an option after other agents. This injured worker was noted to have chronic back pain, without documentation of neuropathic pain. The injured worker was noted to have a mood disorder, and a psychiatric evaluation in 2012 was noted, but there was no discussion of signs and symptoms of depression, no documented mental status examination, and no current evaluation related to depression. There was no documentation of decrease in use of medication or decrease in frequency of office visits. The injured worker was not working, and was noted to have ongoing limitations in activities, which is not consistent with functional improvement. Due to lack of functional improvement, and lack of sufficient evaluation of mood disorder, the request for wellbutrin is not medically necessary.