

<b>Case Number:</b>	CM15-0087368		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/04/2007
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Alabama, 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 41-year-old female, who sustained an industrial/work injury on 7/4/07. She reported initial complaints of knee pain. The injured worker was diagnosed as having complex regional pain syndrome of the right lower extremity. Treatment to date has included medication, spinal cord stimulator implant (11/2012), surgery (right knee on 12/27/07), injection, and sympathetic blocks. MRI results were reported on 7/21/11 with postoperative changes at the right articulation and chondromalacia patella. X-Rays results were reported on 8/17/11 demonstrated mildly increased lateral patellar tilt, osteoarthritis patellofemoral compartment. X-ray on 11/13/13 noted irregular medial femoral condyle, s/p tibial tuberosity transfer with retained screws, genu varum, left knee with mild medial joint space narrowing, left knee. Currently, the injured worker complains of increased right knee pain rated 8-9/10 with occasional catching and popping of the knee mainly while walking. There was on and off numbness to the toes. Per the primary physician's progress report (PR-2) on 3/19/15, examination revealed swelling of the knee, range of motion with extension 10 degrees secondary to pain, flex ion of 110 degrees with marked pain, and mildly hypersensitive to light touch. Current plan of care included taper of medication, continue pain management, and labs. The requested treatments include Elavil 25 mg, Elavil 75 mg. and Topamax 100 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13.

**Decision rationale:** According to MTUS guidelines, tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. There is no clear documentation of pain and functional improvement with previous use of Elavil. There is no clear justification of the prescription of Elavil in the patient file. The patient developed chronic pain syndrome that did not respond to current pain medications including Elavil. Therefore, the prescription Elavil 25 mg Qty 60 is not medically necessary.

**Elavil 75 mg Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13.

**Decision rationale:** According to MTUS guidelines, tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. There is no clear documentation of pain and functional improvement with previous use of Elavil. There is no clear justification of the prescription of Elavil in the patient file. The patient developed chronic pain syndrome that did not respond to current pain medications including Elavil. Therefore, the prescription of Elavil 75 mg Qty 30 is not medically necessary.

**Topamax 100 mg Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs) Page(s): 16-18.

**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 neuropathic pain or chronic migraine headache in this patient. There is no documentation of improvement with previous use of Topamax. Therefore, the prescription of Topamax 100mg #30 is not medically necessary.