

<b>Case Number:</b>	CM14-0123128		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/08/2001
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48 year old male who sustained an injury on 12/08/01. The injured worker sustained a nerve injury involving the left shoulder and scapula thoracic region with resultant chronic pain. The injured worker was followed for several years for ongoing chronic complaints in the left upper extremity and scapula thoracic area. Prior medication history included the use of Clonazepam, Percocet, Cymbalta, Topamax, Clonidine, Lyrica, and Seroquel. The injured worker was under pain contract and the most recent urine drug screens from March and April of 2014 were compliant with Cymbalta benzodiazepines and narcotic medications. As of 05/28/14 the injured worker continued to report persistent pain in the left shoulder. The injured worker was attempting to wean off of some medications with Percocet being reduced to one to three tablets a day from five per day. The injured worker reported significantly high amount of left shoulder pain with this weaning of narcotics. The injured worker had prior stellate ganglion blocks which were reported as being effective. The injured worker was utilizing Clonidine to address high blood pressure. The injured worker indicated that he no longer wanted to continue utilizing a patch. Other medications continued to include Seroquel Clonazepam, Cymbalta, and Topamax. Pain score was 5 out of 10 on visual analog scale (VAS) score in severity. Tenderness was noted in the cervical paraspinal musculature with hypersensitivity in the left scapular and deltoid regions. No further refills for Clonidine patches or Percocet were provided at this visit. Klonopin, Cymbalta, and Topamax were continued at this visit. The injured worker was recommended for stellate ganglion nerve blocks. Follow up on 06/11/14 the injured worker was felt to be incapacitated at this visit. Medications were relatively unchanged. Physical examination was also unchanged. The injured worker was recommended for left stellate ganglion nerve blocks. The requested medications and retrospective use of medications on 05/20/14 were denied by utilization review on 07/21/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective request for Topiramate (DOS: 05/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary last updated 06/10/2014, Anti-epilepsy drugs

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

**Decision rationale:** The clinical documentation submitted for review would not support the use of Topiramate for this injured worker. The injured worker has complaints of continuing neuropathic symptoms involving the left scapula thoracic region due to reported nerve injury. Topamax is an anticonvulsant that is typically utilized for seizure activity and headache symptoms. Its efficacy in the treatment of chronic neuropathic pain is not as well established as other first line medications for neuropathic conditions such as Lyrica or Gabapentin. In this case there is no clear indication of any specific efficacy obtained with the use of Topiramate which would support its ongoing use. Therefore the use of this medication as of 05/20/14 continuing forward would not have been supported as medically necessary.

### **Retrospective request for Duloxetine (DOS: 05/28/14): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain; Specific anti-depressants.

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

**Decision rationale:** In review of the clinical documentation submitted for review the injured worker is being followed for both chronic musculoskeletal complaints and neuropathic symptoms. Per current evidence based guidelines Cymbalta is a recommended first line medication for treatment of both neuropathic pain and chronic musculoskeletal complaints. Given the existence of both conditions the continued use of Duloxetine as of 05/20/14 continuing forward was medically appropriate and standard of care. Therefore, this request is medically necessary.

### **Retrospective request for Clonidine (DOS: 05/28/14): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary last updated 06/10/2014, Medications for CRPS; Mosby's Drug Consult, Clonidine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clonidine. (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** The clinical documentation submitted for review indicated the presence of hypertension for which the injured worker was utilizing Clonidine which is a recommended Food and Drug Administration (FDA) approved medication for the treatment of hypertension. The injured worker was attempting to actively reduce his overall dose of Clonidine. Given this continued attempt at weaning and hypertension condition the use of this medication was reasonable and is medically appropriate.

**Retrospective request for Clonazepam (DOS: 05/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary last updated 06/10/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** In regards to the use of Clonazepam as of 05/28/14, the request is not recommended as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this medication is not recommended as medically appropriate.

**Topiramate: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary last updated 06/10/2014, Anti-epilepsy drugs

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

**Decision rationale:** The clinical documentation submitted for review would not support the use of Topiramate for this injured worker. The injured worker has complaints of continuing neuropathic symptoms involving the left scapula thoracic region due to reported nerve injury. Topamax is an anticonvulsant that is typically utilized for seizure activity and headache symptoms. Its efficacy in the treatment of chronic neuropathic pain is not as well established as other first line medications for neuropathic conditions such as Lyrica or Gabapentin. In this case there is no clear indication of any specific efficacy obtained with the use of Topiramate which

would support its ongoing use. Therefore the use of this medication would not have been supported as medically necessary.

**Duloxetine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain; Specific anti-depressants.

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

**Decision rationale:** In review of the clinical documentation submitted for review the injured worker is being followed for both chronic musculoskeletal complaints and neuropathic symptoms. Per current evidence based guidelines Cymbalta is a recommended first line medication for treatment of both neuropathic pain and chronic musculoskeletal complaints. Given the existence of both conditions the continued use of Duloxetine as of 05/20/14 continuing forward was medically appropriate and standard of care. Therefore this request is medically necessary.

**Clonidine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary last updated 06/10/2014, Medications for CRPS; Mosby's Drug Consult, Clonidine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clonidine, (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** The clinical documentation submitted for review indicated the presence of hypertension for which the injured worker was utilizing Clonidine which is a recommended Food and Drug Administration (FDA) approved medication for the treatment of hypertension. The injured worker was attempting to actively reduce his overall dose of Clonidine. Given this continued attempt at weaning and hypertension condition the use of this medication was reasonable and medically appropriate.

**Clonazepam:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary last updated 06/10/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** In regards to the use of Clonazepam, the requested medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this request is not recommended for continuing use of this medication.