

Case Number:	CM14-0145325		
Date Assigned:	09/12/2014	Date of Injury:	04/16/2001
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Psychiatry, and is licensed to practice in California. 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:

Injured worker is a 40 year old male with date of injury 4/16/2001. Date of the UR decision was 9/4/2014. Report dated 8/14/2014 indicated that the injured worker continued to struggle with severe low back and neuropathic leg pain with weakness, gait instability. It was suggested that his neighbor was helping him with activities of daily living. It was indicated that he was using a spinal cord stimulator because of which he was able to reduce the dose of morphine needed every day. He was being prescribed MS Contin for back and radicular leg pain; MSIR, Celebrex, Cymbalta 120 mg at bedtime for neuropathic pain and depression, Prozac 20 mg ad Abilify as adjunctive antidepressants, Clonidine patch for depression and anxiety, Klonopin 2 mg up to 3 times daily for anxiety, Lyrica, Cialis, Viagra, Nortryptiline 100 mg at bedtime for headaches, pain, depression and insomnia, Topamax as mood stabilizer and neuropathic pain analgesic and headache prophylaxis, and testim cream for chronic narcotic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

. 1 Prescription for Topamax 50mg, #60: Upheld

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

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

Decision rationale: Topiramate (Topamax no generic available) 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The submitted documentation does not indicate that other anticonvulsants have failed to treat the injured worker's pain. The request for Prescription for Topamax 50mg, #60 is not medically necessary.

1 Prescription for Klonopin 0.1mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of Medications Page(s): 24, 124.

Decision rationale: MTUS states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes Sedative/Hypnotic, Anxiolytic, Anticonvulsant, and Muscle Relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. The reviewed documentation suggests that the injured worker has been prescribed Klonopin on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin 0.1 mg # 90 is not medically necessary.

1 Prescription for Topamax 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax Page(s): 21 of 127.

Decision rationale: Topiramate (Topamax, no generic available) 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007)The submitted documentation does not indicate that other anticonvulsants have failed to treat the injured worker's pain. The request for Prescription for Topamax 50mg, #60 is not medically necessary.

1 Prescription for Clonidine 0.1mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34-35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intrathecal Page(s): 34.

Decision rationale: MTUS states Clonidine is recommended only after a short-term trial indicates pain relief in patients' refractory to opioid monotherapy or opioids with local anesthetic. Little evidence that this medication provides long-term pain relief (when used in combination with opioids approximately 80% of patients had < 24 months of pain relief) and no studies have investigated the neuromuscular, vascular, or cardiovascular physiologic changes can occur over long period of administration. Side effects include hypotension, and the medication should not be stopped abruptly due to the risk of rebound hypertension. The medication is FDA approved with an orphan drug intrathecal indication for cancer pain only. Clonidine is thought to act synergistically with opioids. Most studies on the use of this drug intrathecally for chronic non-malignant pain are limited to case reports. (Ackerman, 2003) Clonidine (Catapres) is a direct-acting adrenergic agonist prescribed historically as an antihypertensive agent, but it has found new uses, including treatment of some types of neuropathic pain. The request for 1 Prescription for Clonidine 0.1mg, #100 is not medically necessary. The request for 1 Prescription for Clonidine 0.1mg, #100 is not medically necessary.

1 Prescription for Nortriptyline 50mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 14, 122.

Decision rationale: MTUS states "Tricyclic's are recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. For peripheral neuropathic pain, the NNT for Tricyclic's is 2.3, versus SSRIs of 6.8 and SNRIs of 4.6. Neuropathic pain: Recommended (Tricyclic Antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. (Saarto-Cochrane, 2007) (ICSI, 2007) Other recent reviews recommended both Tricyclic Antidepressants and SNRIs (i.e., Duloxetine and Venlafaxine) as first line options. (Dworkin, 2007) (Finnerup, 2007)"The request for 1 Prescription for Nortriptyline 50mg, #30 is medically necessary.