

<b>Case Number:</b>	CM14-0214884		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 10/12/11. A utilization review determination dated 12/19/14 recommends non-certification/modification of Topamax, Relafen, and venlafaxine. 12/11/14 medical report identifies pain 9/10 neck and pain with radiating into the extremities. Medication does help with pain. Topamax and nabumetone allow him to do exercises better with less pain. He noticed a 60% reduction in pain and is able to perform household chores better with less pain. He denies side effects. Venlafaxine was helpful to reduce depressive symptoms by about 50%. He finished his sessions with another provider and feels that the sessions helped with depressive symptoms and coping skills. He continues to have chest pain and abnormal heartbeat. He is working with his PCP in that regard. He has no history of heart disease and believes it may be due to his anxiety with pain pills and being unable to work. On exam, there is tenderness, limited ROM, unspecified decreased sensation along the RLE, and motor strength 4/5 right foot dorsiflexion and right leg extension compared to the LLE.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 100mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-21.

**Decision rationale:** Regarding request for Topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the provider notes a 60% reduction in pain with improved ability to perform household chores, but 60% pain relief is not consistent with the current pain score of 9/10. In the absence of clarity regarding the above, the currently requested Topiramate (Topamax) is not medically necessary.

**Relafen 500mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for Relafen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes a 60% reduction in pain with improved ability to perform household chores, but 60% pain relief is not consistent with the current pain score of 9/10. In the absence of clarity regarding the above, the currently requested Relafen is not medically necessary.

**Venlafaxine HLC ER 37.5mg, #60 with 3 refills:** Overturned

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

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

**Decision rationale:** Regarding the request for Venlafaxine, the California MTUS supports tricyclic and SNRI antidepressants as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, the provider notes a 60% reduction in pain with improved ability to perform household chores, but 60% pain relief is not consistent with the current pain score of 9/10. However, there is documentation that the patient's depressive symptoms have significantly decreased and his coping skills have improved. In light of the above, the currently requested Venlafaxine is medically necessary.