

Case Number:	CM15-0110756		
Date Assigned:	06/17/2015	Date of Injury:	11/20/2006
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 47 year old male, who sustained an industrial/work injury on 11/20/06. He reported initial complaints of neck pain. The injured worker was diagnosed as having intervertebral disc disorder with myelopathy, cervical region. Treatment to date has included medication, surgery (anterior cervical discectomy and fusion C5-6, C6-7), and physical therapy. Currently, the injured worker complains of increased neck pain over the past month rated 6-8/10. Per the primary physician's progress report (PR-2) on 5/6/15, examination revealed limitation of activities of daily living with pain and tenderness throughout the cervical spine and tenderness at the thoracic spine, decreased range of motion, and bilateral lower extremity spasticity interfering with functional leg movement. Current plan of care included to continue medication. The requested treatments include Topiramate 25mg and Duloxetine 30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Topiramate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16, 21.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Per MTUS CPMTG, "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." Per the primary physician's progress report dated 5/6/15, examination revealed limitation of activities of daily living with pain and tenderness throughout the cervical spine and tenderness at the thoracic spine, decreased range of motion, and bilateral lower extremity spasticity interfering with functional leg movement. He presented with increased neck pain over the past month rated 6-8/10 per that report although he is being prescribed Topiramate and Duloxetine. In the absence of functional improvement from use of Topiramate, the medical necessity cannot be affirmed. As the requested medication is not indicated, the request for Topiramate 25mg #30 is not medically necessary.

Duloxetine 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors.

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

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Per the primary physician's progress report dated 5/6/15, examination revealed limitation of activities of daily living with pain and tenderness throughout the cervical spine and tenderness at the thoracic spine, decreased range of motion, and bilateral lower extremity spasticity interfering with functional leg movement. He presented with increased neck pain over the past month rated 6-8/10 per that report although he is being prescribed Topiramate and Duloxetine. In the absence of functional improvement from use of Topiramate, the medical necessity cannot be affirmed. As the requested medication is not indicated, the request for Duloxetine 30mg #90 is not medically necessary.