

Case Number:	CM15-0112554		
Date Assigned:	06/19/2015	Date of Injury:	07/08/2004
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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:

July 8, 2004. The injured worker previously received the following treatments random urine toxicology screens have been appropriate, the injured worker was being seen by a pain specialist, Bupropion, Mirtazapine, Topiramate and Hydrocodone/Acetaminophen. The injured worker was diagnosed with headaches, depressive disorders, myalgia and myositis and cervical radiculopathy. According to progress note of February 16, 2015, the injured worker's chief complaint was neck pain. The injured worker's pain level with mediation was 3 out of 10 and without medications 8 out of 10. The injured worker's ability to perform home responsibilities was 3 out of 10 with mediations and without mediations 8 out of 10. The injured worker's ability to perform recreational activities with mediations was 3 out of 10 and without was 10 out of 10. The ability to sleep was 6 out of 10 with mediation and 10 out of 10 without medications, and self-care was 6 out of 10 with medications and 10 out of 10 without medications. The physical exam noted a normally developed and well groomed injured worker. The cervical spine had decreased range of motion. The injured worker showed no pain behaviors during the visit. The injured worker had already sign an opiate agreement. The treatment plan included prescription refills for Bupropion, Mirtazapine, Hydrocodone/Acetaminophen and Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL 75mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: According to the MTUS the use of antidepressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. 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. In this case, the patient has diagnosis including headache, depressive disorder and cervical radiculitis. The documentation doesn't support that the patient is having any improvement in depressive symptoms with the use of this medication. Furthermore, the documentation doesn't support that the patient has failed first line anti-depressant medications for chronic pain. The continued use is not medically necessary.

Mirtazapine 15mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/30/15) Online Version, Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 14-16.

Decision rationale: According to the MTUS the use of antidepressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. 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. In this case the patient has diagnosis including headache, depressive disorder and cervical radiculitis. The documentation doesn't support that the patient is having any improvement in depressive symptoms with the use of this medication. Furthermore, the documentation doesn't support that the patient has failed first line anti-depressant medications for chronic pain. The continued use is not medically necessary.

Hydrophone-Acetaminophen 10-325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications Page(s): 78-80, 124, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: According to the MTUS, with regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case the patient has been managed long-term on opioid analgesic, longer than the recommended amount of time without further functional improvement. The continued use is not medically necessary.

Topiramate 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: According to the MTUS, AEDs, are recommended for neuropathic pain (pain due to nerve damage). 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. Topiramate 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. In this case, the documentation doesn't support that the patient has failed treatment with first line AEDs. The continued use of Topiramate is not medically necessary.