

<b>Case Number:</b>	CM15-0114088		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female with an industrial injury dated 04/15/2013. Her diagnoses included reflex sympathetic dystrophy, cervical post laminectomy syndrome cervical 4-6, depressive disorder, contracted palmar fascia and carpal tunnel syndrome. Prior treatment included TENS unit, behavioral medicine, physical therapy, home exercise program, occupational therapy and stellate blocks. She presents on 05/21/2015 with complaints of more neck and mid back pains behind her shoulder blade. She can't use her hands and needed help with her activities of daily living at home. She also complained of severe numbness that is constant in ring and little finger. The injured worker appeared to be anxious and depressed. Range of motion of the cervical spine was guarded. There was tenderness in the cervical spine. Tinel's sign was positive in right elbow. Right hand range of motion was painful. Range of motion was restricted of left hand. Sensory exam revealed loss of sensation to ulnar aspect of hand and into the long finger. The requested treatments were for Namenda 5 mg # 60, Norco 5/325 mg # 60, Savella 25 mg and Topamax 25 mg # 60. Other treatments requested and approved included Hydrocortisone AC 25 mg # 60, Hydrocortisone plus cream 1 % #1, Nucynta 50 mg # 60, Valium 10 mg # 30 and Zoloft 50 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Namenda 5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications and Other Medical Treatment Guidelines drugs.com: Namenda.

**Decision rationale:** The patient complains of pain in neck, mid back, shoulder blades, and bilateral hands along with numbness and tingling in ring and little finger, as per progress report dated 05/21/15. The request is for NAMENDA 5mg #60. There is no RFA for this case, and the patient's date of injury is 04/15/03. Diagnoses, as per progress report dated 05/21/15, included reflex sympathetic dystrophy, C4-6 cervical post-laminectomy syndrome, depressive disorder, contracted palmar fascia, and status post carpal tunnel repairs. Medications included Zoloft, Hydrocortisone, Namenda, Norco, Nucynta, Savella, Topamax, Valium, and Lisinopril. The patient has severe CRPS in upper limbs. She is on Social Security Disability, as per the same report.drugs.com states: "Namenda: Namenda (memantine) reduces the actions of chemicals in the brain that may contribute to the symptoms of Alzheimer's disease. Namenda is used to treat moderate to severe dementia of the Alzheimer's type. Namenda may also be used for purposes not listed in this medication guide." ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications states: "Treatment. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. At present, there is no clinically validated specific brain targeted pharmacotherapy that will ameliorate the neurocognitive effects attributed to TBI (e.g., enhancing memory and attention, recovering from the brain injury). No medication has received approval from the United States Food and Drug Administration (FDA) for the treatment of any neurological or psychiatric consequence of mTBI. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended." In this case, the patient has been using Namenda at least since 12/10/14, as per the available progress report. In progress report dated 05/21/15, the treater states that Namenda is for CRPS and it "keeps her Opioids lower as an adjuvant neuroleptic agent." The physician, however, does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all pain medications. Hence, the request IS NOT medically necessary.

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient complains of pain in neck, mid back, shoulder blades, and bilateral hands along with numbness and tingling in ring and little finger, as per progress report dated 05/21/15. The request is for NORCO 5/325 mg # 60. There is no RFA for this

case, and the patient's date of injury is 04/15/03. Diagnoses, as per progress report dated 05/21/15, included reflex sympathetic dystrophy, C4-6 cervical post-laminectomy syndrome, depressive disorder, contracted palmar fascia, and status post carpal tunnel repairs. Medications included Zoloft, Hydrocortisone, Namenda, Norco, Nucynta, Savella, Topamax, Valium, and Lisinopril. The patient has severe CRPS in upper limbs. She is on Social Security Disability, as per the same report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Pages 80,81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription for Norco is first noted in progress report dated 12/10/15. In progress report dated 03/27/15, when Norco was still in use, the states that the patient is unable to perform any self-care without medications but with medications she is able to be home alone without 24-hour care. She is able to drive short distances, dress herself, do light cooking and feed herself. The report also states that CURES reports and toxicology screens are appropriate. Although the treater does not use specific pain scale to indicate improvement in function, the impact of Norco on patient's ability to perform ADLs is evident. However, as per progress report dated 05/21/15, the patient was tapered off Norco especially after ganglion blocks. Although it has led to an escalation of pain, the patient is relying on Nucynta and other medications to stay out of the emergency room. It is not clear why the patient needs to go back to Norco. Given the discontinuation, the new request IS NOT medically necessary.

**Savella 25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Milnacipran (Ixel). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Milnacipran (Savella).

**Decision rationale:** The patient complains of pain in neck, mid back, shoulder blades, and bilateral hands along with numbness and tingling in ring and little finger, as per progress report dated 05/21/15. The request is for SAVELLA 25 mg. There is no RFA for this case, and the patient's date of injury is 04/15/03. Diagnoses, as per progress report dated 05/21/15, included reflex sympathetic dystrophy, C4-6 cervical post-laminectomy syndrome, depressive disorder, contracted palmar fascia, and status post carpal tunnel repairs. Medications included Zoloft, Hydrocortisone, Namenda, Norco, Nucynta, Savella, Topamax, Valium, and Lisinopril.

The patient has severe CRPS in upper limbs. She is on Social Security Disability, as per the same report. Regarding Milnacipran Savella, ODG, Pain chapter and topic Milnacipran (Savella), states "FDA has now approved milnacipran for the management of fibromyalgia. As there is little to no evidence that the cause of fibromyalgia is related to industrial injuries, the use of Savella should be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan." In this case, the patient was using Savella at least since 12/10/14. However, as per progress report dated 05/21/15, the patient has tapered off Savella. It is not clear why the patient needs the medication again. Additionally, there is no diagnosis of fibromyalgia for which this Savella is indicated. Hence, the request IS NOT medically necessary.

**Topamax 25mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

**Decision rationale:** The patient complains of pain in neck, mid back, shoulder blades, and bilateral hands along with numbness and tingling in ring and little finger, as per progress report dated 05/21/15. The request is for TOPAMAX 25mg #60. There is no RFA for this case, and the patient's date of injury is 04/15/03. Diagnoses, as per progress report dated 05/21/15, included reflex sympathetic dystrophy, C4-6 cervical post-laminectomy syndrome, depressive disorder, contracted palmar fascia, and status post carpal tunnel repairs. Medications included Zoloft, Hydrocortisone, Namenda, Norco, Nucynta, Savella, Topamax, Valium, and Lisinopril. The patient has severe CRPS in upper limbs. She is on Social Security Disability, as per the same report. MTUS Guidelines page 21, "Topiramate (Topamax) 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 have failed." MTUS Guidelines page 16 and 17 regarding anti-epileptic drugs for chronic pain also states that 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 for the use of this class of medication for neuropathic pain had been directed at posttherapeutic neuralgia and painful polyneuropathy. In this case, Topamax is first noted in progress report dated 12/10/15, and the patient has been taking the medication consistently at least since then. As per progress report dated 05/21/15, Topamax helps the patient avoid opioids for headaches. The treater states that "She has efficacy and had severe escalation when we tried a taper." Although the patient suffers from CRPS in upper limbs, there is no indication of neuropathic pain in the head for which medication is indicated. Additionally, the treater does not document improvement in function, as required by MTUS page 60 for all pain medications. Hence, the request IS NOT medically necessary.