

<b>Case Number:</b>	CM15-0114525		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 62-year-old male, who sustained an industrial/work injury on 11/27/96. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbago, failed back surgery, myalgia, shoulder impingement syndrome, anxiety, depression, and insomnia. Treatment to date has included medication, surgery, physical therapy, aquatic therapy, and activity modification. Currently, the injured worker complains of pain in the lumbar, bilateral legs, bilateral shoulders, buttocks, and knees regions. Pain was rated 4/10 at best with medication, rest, and 8/10 at worst. Sleep is interrupted due to pain. Mood is depressed, angry, anxious, and frustrated. Per the physician's pain management report on 5/27/15, there was no change from last visit. A cane was used for ambulation. Exam reveals point of maximum tenderness in the lumbar spine at the lumbosacral junction, and antalgic gait. Current plan of care included medication renewal. The requested treatments include Zonegram 100mg and Effexor XR 75mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zonegram 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

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

**Decision rationale:** The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. There are no clinical findings that confirm functional improvement or pain relief with the use of Zonegran. The request for Zonegran 100mg #120 is determined to not be medically necessary.

**Effexor XR 75mg #90:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. In this case, there is no objective evidence of increases in function or changes in the use of other analgesic medications while using this medication. There is also no mention of side effects or sleep quality. The request for Effexor XR 75mg #90 is determined to not be medically necessary.