

Case Number:	CM15-0122507		
Date Assigned:	06/26/2015	Date of Injury:	07/25/2011
Decision Date:	08/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Pediatrics, 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:

The injured worker is a 32 year old male who sustained an industrial injury on 07/25/2011 resulting in pain/injury to the low back. The injured worker was diagnosed with low back strain. Treatment provided to date has included: L5-S1 microdiscectomy and decompression (2012); lumbar epidural steroid injection (2011) which was not beneficial; medications which were reported to be of some benefit; participation in a functional restoration program (FRP) resulting in decreased depression and anxiety, and increase in function; and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine showing right foraminal disc protrusion at L4-5, annular fissure with moderate to severe foraminal stenosis and effacement of the L4 nerve root. There were no noted comorbidities or other dates of injury noted. On 04/07/2015, physician progress report noted complaints of ongoing low back pain despite previous surgery. There was no pain rating or description of pain reported. Additional complaints included anxiety, depression, numbness and itching of the skin. Current medications include NSAIDs, ketamine cream, Topamax, Effexor, Relafen and Protonix. The injured worker reported that the FRP provided some benefit in allowing him to reduce some of his medication; however, he also reported that the tramadol caused palpitation and an ill feeling. The tramadol was stopped during the FRP, and buprenorphine was resumed for pain control. The physical exam revealed mildly decreased right lower extremity thigh flexion strength with no other abnormal findings noted. The provider noted diagnoses of lumbar disc displacement without myelopathy. Plan of care includes discontinuation of tramadol, reduction in buprenorphine, consultation with spine

surgeon, refill of current medications, and follow-up. The injured worker's work status remained temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate (Topamax) 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 17-18, 21.

Decision rationale: Topiramate is an Antiepilepsy drug (AED). According to the MTUS in regards to the use of AEDs, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. The use of this class of medication for neuropathic pain has been directed at postherpetic neuralgia and painful polyneuropathy. However, 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. 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. After review of the medical documentation submitted for review, there is insufficient evidence that the injured worker has been treated with and failed first-line anticonvulsant medications. There is inconsistent documentation regarding numbness and weakness and there is no EMG/NCV to document neuropathy. It was also noted that the injured worker has been treated with this medication for several months without specific measurable reduction in pain, or improvement in function. Therefore, topiramate (Topamax) 25mg #60 is not medically necessary.

2 Containers Ketamine 5% cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS guidelines: Topical Analgesic are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Ketamine is noted to be understudy and only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, the clinical documentation does not support that all primary

and secondary treatments have been exhausted. As a result, ketamine 5% cream is not medically necessary.

Venlafaxine HCL ER 37.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain; and Venlafaxine (Effexor) Page(s): 13-16, 123.

Decision rationale: Venlafaxine is a serotonin and norepinephrine reuptake inhibitor (SNRI). According to the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. However, long-term effectiveness of antidepressants has not been established. In addition, systematic reviews indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. SNRIs have not been evaluated for chronic low back pain. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The use of this medication has shown some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe and abrupt discontinuation should be avoided as tapering is recommended before discontinuation. Although this medication has been FDA approved as a first-line option of treatment in neuropathic pain, depression and anxiety, SNRIs have not been evaluated for chronic low back pain. In addition, the long-term effectiveness of these medications have not been established. The injured worker has been prescribed this medication for more than a year and there is no documentation of any long-term or ongoing benefit of its use for chronic low back pain in this injured worker. Therefore, venlafaxine HCL (Effexor) ER 37.5mg #120 is not medically necessary