

<b>Case Number:</b>	CM15-0125803		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	08/05/1999
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 66-year-old male who sustained an industrial injury on 08/05/1999; however, there was no specifics provided in regards to the injured body parts or causation. Treatment provided to date reported in the medical documentation includes: right knee arthroplasty (non-industrial); medications (failed opioid therapy except for Fentanyl patches); cognitive behavioral therapy (CBT); and conservative therapies/care. Diagnostic testing and results were not discussed or provided. There were no noted comorbidities or other dates of injury noted. On 06/11/2015, physician progress report noted complaints of continued low back pain. The injured worker reported an average pain rating of 7-8/10 in severity and 10/10 without Fentanyl and Celebrex. The pain was described as constant, dull, achy and sharp. Additional complaints included difficulty sleeping due to foot pain; intermittent leg and hip cramping that is sometimes mildly sharp with an average severity of 7-8/10; intermittent bilateral ankle and foot swelling; and continued gastrointestinal symptoms and depression. Current medications include: Fentanyl patches, Celebrex, omeprazole, Tegretol (carbamazepine), Effexor (venlafaxine), Wellbutrin, and Ambien. The physical exam revealed decreased range of motion (ROM) in the lumbar spine, bilateral lower extremity weakness, decreased sensation in the L4-5 and S1 dermatomes, tenderness to palpation (TTP) of the paraspinal musculature and surrounding region with multiple trigger points noted, decreased sensation in the left lateral thigh and bilateral feet, TTP of the lateral part of the left foot and along the shins, TTP over the sacroiliac joint bilaterally, TTP over the lateral and medial malleolus bilaterally, TTP along the Achilles tendons bilaterally, a protrusion on the lateral aspect of the left foot that is mildly TTP, and improve ROM in the right knee after total knee arthroplasty. The provider noted diagnoses of lumbar radiculopathy, chronic pain syndrome, opiate dependent pain, insomnia, right knee pain, and depression. Plan of care includes continued medications (including carbamazepine and venlafaxine), continued CBT and follow-up in 4 weeks. The injured worker's work status was

not mentioned on this report. A progress note, dated 05/04/2015, reported a significant increase in anxiety despite the current medication regimen. The request for authorization and IMR (independent medical review) includes carbamazepine 100mcg per hour #30 with 3 refills, and venlafaxine 75mg #60 with 2 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One prescription for Carbamazepine 100 mcg/hr #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** Carbamazepine is an anti-epileptic drug used to treat seizures, nerve pain or bipolar disorder (manic-depressive illness). According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. The guidelines indicate a good to moderate response to the use of AEDs is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." Carbamazepine has been shown to be effective for trigeminal neuralgia and has been approved by the FDA for this indication. However, carbamazepine has been shown to cause significant side-effects including ataxia, cognitive decreases, dizziness, somnolence, central nervous system depression, hyponatremia, nausea and vomiting, skin rashes and hematologic disorders, including agranulocytosis and aplastic anemia. There is a black box warning regarding development of potentially fatal blood cell abnormalities following the use of carbamazepine, and the drug should be discontinued at the first sign of a rash. In this case, the injured worker has been taking carbamazepine, in addition to narcotic analgesics, for more than 6 months with no significant measurable improvement in pain or function documented with this medication. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. As such, medical necessity for carbamazepine has not been established. Therefore 100mg #30 with 3 refills is not medically necessary.

**One prescription for Venlafaxine 75mg, #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 anti-

depressants 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. Upon review of the medical documentation submitted, the injured worker is noted to suffer from depression and anxiety. A progress report dated 05/04/2015, states that the injured worker experienced a significant increase in anxiety and agitation. This appears to have occurred despite taking this medication. There were other reports that noted depression and anxiety are managed with medications. In this case, there does not appear to be sufficient evidence that the injured worker is benefiting (with decreased anxiety and depression, improvement in function or decrease in pain) from the use of this medication. As such, this medication is not medically necessary as prescribed. The request for venlafaxine 75mg #60 with 2 refills is not medically necessary.