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| Case Number: | CM15-0174185 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 02/15/2012 |
| Decision Date: | 10/16/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female, who sustained an industrial injury on 2-15-12. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, cervical disc displacement, pain in shoulder joint and lumbosacral spondylosis. The physical exam (3-2-15 through 7-9-15) revealed a mildly antalgic gait, lumbar flexion 60 degrees and extension 10 degrees. The cervical range of motion was limited to 25% of flexion and extension and left shoulder range of motion was limited to 35% of flexion and abduction. Treatment to date has included physical therapy, a lumbar epidural injection (date not documented) and acupuncture (around 3-2015). Current medications include Relafen, Norflex, Buprenorphine and Venlafaxine ER and Topamax (since at least 3-2-15). As of the PR2 dated 7-13-15, the injured worker reports worsening left shoulder and neck pain. She rates her pain 9 out of 10 without medications and 4 out of 10 with medications. There is no physical exam specific to the neck, left shoulder or lumbar region. The treating physician requested Venlafaxine ER 37.5mg #180 and Topamax 25mg #240. The Utilization Review dated 8-26-15, non-certified the request for Venlafaxine ER 37.5mg #180 and Topamax 25mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 37.5mg 2 tabs in am, 2 tabs at noon and 2 tabs in pm #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Venlafaxine ER 37.5mg 2 tabs in am, 2 tabs at noon and 2 tabs in pm #180 is not medically necessary per the MTUS Guidelines. The MTUS states that Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder and social phobias and is used off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. The side-effect profile includes drowsiness, weakness, dizziness, dry mouth, insomnia, nervousness/anxiety and sexual dysfunction has also been noted. The MTUS states that some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The documentation indicates that the patient has been on this medication since 9/27/13. The 7/2/15 document states that the patient has xerostomia likely related to several medications including Venlafaxine. Additionally, the patient is complaining of insomnia, depressive symptoms and sexual disturbance, and headache all which can be related to her Venlafaxine. Although the documentation indicates that the patient receives benefit from Venlafaxine for neuropathic symptoms as well as depression a review of the documentation does not reveal an overall increase significant increase in function. Additionally, the patient has numerous side effects which may be secondary to medication use such as Venlafaxine. For these reasons, continued use is not medically necessary.

Topamax-topiramate 25mg 4 tabs 2 times a day #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Topiramate for neuropathic pain and fibromyalgia in adults. Philip J Wiffen¹, Sheena Derry^{1,*} Michael PT Lunn², R Andrew Moore¹. Editorial Group: Cochrane Neuromuscular Disease Group Published Online: 30 AUG 2013.

Decision rationale: Topamax-topiramate 25mg 4 tabs 2 times a day #240 is not medically necessary per the MTUS Guidelines a Cochrane Database review on the efficacy of Topiramate for neuropathic pain. The MTUS states that 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 fail. The Cochrane Database review of Topiramate for neuropathic pain reveals that it has no advantage over placebo for neuropathic pain. The documentation does not reveal that Topamax has caused a significant increase in function overall. For all of these reasons continued Topamax use is not medically necessary.

