

Case Number:	CM15-0068925		
Date Assigned:	04/16/2015	Date of Injury:	08/30/2010
Decision Date:	05/27/2015	UR Denial Date:	03/29/2015
Priority:	Standard	Application Received:	04/10/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 female, who sustained an industrial injury on 08/30/2010. She has reported injury to the neck, low back, left shoulder/elbow, and both upper extremities. The diagnoses have included discogenic cervical condition; discogenic lumbar condition; bilaterally medial and lateral epicondylitis; and chronic pain syndrome. Treatment to date has included medications, diagnostics, bracing, injection, chiropractic therapy, acupuncture, and physical therapy. Medications have included Neurontin, Naproxen, Flexeril, Prozac, Cymbalta, Trazadone, and Protonix. A progress note from the treating physician, dated 03/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain in the neck, back, and both upper extremities; and she is participating in her own pool program, uses a hot and cold wrap, and back brace. Objective findings included tenderness along the shoulder girdle musculature, with spasm on the left as well as the right; tenderness along the left sacroiliac joint; tenderness along the medial epicondylar surface, more on the right than the left; positive lumbar facet loading; and decreased lumbar range of motion. The treatment plan has included the request for Topiramate 50mg, quantity: 60; and Venlafaxine 75mg, quantity: 60. A note dated 4/20/15 states the injured worker tried topiramate with side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16-21 of 127.

Decision rationale: Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement from this medication in the past. Additionally, there is discussion regarding side effects from this medication in the past. In the absence of clarification of the above issues, the currently requested topiramate (Topamax) is not medically necessary.

Venlafaxine 75mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Venlafaxine (Effexor), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Guidelines also state tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. 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. Guidelines also state Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. Within the documentation available for review, while the injured worker has documentation of having stress, sleep issues, sexual issues, neuropathic pain, and depression; there is no documentation of a trial of a tricyclic. In the absence of clarity regarding those issues, the currently requested Venlafaxine (Effexor), is not medically necessary.

