

Case Number:	CM15-0070236		
Date Assigned:	04/17/2015	Date of Injury:	06/01/2011
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania

Certification(s)/Specialty: 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 58 year old male who sustained an industrial injury on June 1, 2011. He reported being hit by a sledgehammer while working. The injured worker was diagnosed as having closed head injury, posttraumatic headaches, left medial orbital fractures, posttraumatic vertigo, olfactory nerve partial injury, adjustment disorder with depressed mood and anxiety, posttraumatic stress disorder, and nasal contusion. Evaluation has included an audiogram and computerized tomography scan. Treatment has included medications and consultation with Ear, Nose and Throat (ENT). Bilateral moderate to profound sensorineural hearing loss in both ears was noted. Cymbalta and Topamax were noted to be prescribed in December 2013. Medications in September 2014 were CVS Olive Porterville, Cymbalta, gabapentin, Lyrica, Topamax, and tranxene. Medications were noted to help. Clorazepate was noted to be tapered and discontinued in November 2014 for side effects, and it was replaced with clonazepam. Work status was noted as not working in November 2014 and February 2015. There was no documentation of intensity of pain or degree of pain relief with medication. There was no discussion of activities of daily living. Currently, the injured worker complains of pain in eyes, headaches, nose pain. The treating physician's report dated March 17, 2015, noted the injured worker's current medications included CVS Olive Porterville, Cymbalta, Gabapentin, Lyrica, Topamax, and Tranxene T-Tab. Physical examination was noted to show the cervical spine tender at C3, C4, and C5, with paraspinal spasm, trapezius and rhomboids trigger points, bilateral greater occipital tenderness, and pain with cervical spine range of motion (ROM). Motor and sensory exams were normal. A request for authorization for medication, including Lyrica, Klonopin, Gabapentin, Cymbalta,

Clorazepate, and Topamax, was made. On 3/31/15, Utilization Review (UR) non-certified or modified requests for the medications currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 150G #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs (AEDs)) Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. It has been suggested that this medication be avoided in patients who have problems with weight gain. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker has been simultaneously prescribed three AEDs: gabapentin, lyrica, and topamax. The MTUS discusses switching from gabapentin to pregabalin if there is inadequate response; combination therapy is duplicative and potentially toxic. There was no discussion of level of pain or percentage reduction in pain with any of the prescribed medications. The reason for prescription of AEDs was not discussed by the treating physician, and there was no documentation of neuropathy. There was no documentation of functional improvement as a result of use of AEDs. The injured worker was noted to be not working, there was no discussion of activities of daily living, medication use was not reduced, and office visits have continued at the same monthly frequency for the last 6 months. Due to lack of specific indication and lack of documentation of pain relief or functional improvement, the request for lyrica is not medically necessary.

KLONOPIN 1MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24, muscle relaxants p. 66 Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: This injured worker was noted to have anxiety and chronic pain and muscle spasm. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has been prescribed benzodiazepines for at least 6 months, with prescription of Klonopin for four months. There was no documentation of functional improvement as a result of use of Klonopin. The injured worker was noted to be not working, there was no discussion of activities of daily living, medication use was not reduced, and office visits have continued at the same monthly frequency for the last 6 months. The current requests include both clorazepate and Klonopin, both benzodiazepines, which is duplicative and potentially toxic. Due to lack of functional improvement and duration of use in excess of the guidelines, the request for Klonopin is not medically necessary.

(TOPAMAX 50MG #60) BRAND NAME ONLY PER UR REQUEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs (AEDs)).

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. 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. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker has been simultaneously prescribed three AEDs: gabapentin, Lyrica, and topamax. There was no documentation of failure of other anticonvulsants. There was no discussion of level of pain or percentage reduction in pain with any of the prescribed medications. The reason for prescription of AEDs was not discussed by the treating physician, and there was no documentation of neuropathy. There was no documentation of functional improvement as a result of use of AEDs. The injured worker was noted to be not working, there was no discussion of activities of daily living, medication use was not reduced, and office visits have continued at the same monthly frequency for the last 6 months. Due to lack of specific indication and lack of documentation of pain relief or functional improvement, the request for topamax is not medically necessary.

CLORAZEPATE (TRANXENE) 3.75MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24, muscle relaxants p. 66 Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: This injured worker was noted to have anxiety and chronic pain and muscle spasm. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has been prescribed benzodiazepines for at least 6 months and was prescribed clorazepate for at least two months, in September and October 2014. Clorazepate was noted to be weaned and discontinued in November 2014 due to side effects. There was no documentation of functional improvement as a result of use of clorazepate. The reason for the current request for clorazepate was not discussed. The current requests include both clorazepate and Klonopin, both benzodiazepines, which is duplicative and potentially toxic. Due to lack of functional improvement, duration of use in excess of the guidelines, and potential for toxicity, the request for clorazepate is not medically necessary.