

Case Number:	CM15-0074187		
Date Assigned:	04/24/2015	Date of Injury:	08/05/1999
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 8/5/1999. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic cervical pain, cervicogenic headaches, depression, brachial neuritis and status post cervical spinal fusion at cervical 4-6. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 3/16/2015, the injured worker complains of cervical pain with radiation to the right upper extremity. The treating physician is requesting Carisprodol, Venlafaxine ER and Levetiraceta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tablets 350mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants; Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 29.

Decision rationale: Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request is not medically necessary and should not be authorized.

Venlafaxine extended release (ER) capsules 150mg, #90 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 15-16.

Decision rationale: Venlafaxine is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is FDA-approved for anxiety, depression, panic disorder, and social phobias. It is used off-label for fibromyalgia, neuropathic pain and diabetic neuropathy. Side effects include dizziness, fatigue, somnolence drowsiness, anxiety and insomnia. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. Some relief may occur in first two weeks; full benefit may not occur until six weeks. In this case the patient has been taking venlafaxine since September 2014 with minimal functional benefit. The patient is diagnosed with reactive depression secondary to pain. Documentation does not support the diagnosis of primary psychiatric disease. There is no medical indication for venlafaxine. The request is not medically necessary and should not be authorized.

Levetiracetam tablets 500mg, #180 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 22.

Decision rationale: Levetiracetam is an anti-epileptic medication. Levetiracetam is an anti-epilepsy drug. It is among the antiepileptic drugs most recently approved for treatment of neuropathic pain. While these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience. In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. In addition, underlying depression and anxiety symptoms may be exacerbated by levetiracetam. In this case, there is no documentation that the patient has failed therapy with alternative anti-epileptic medications. Levetiracetam is not medically necessary. In addition, the patient's reactive depression could be exacerbated by the medication.

