

<b>Case Number:</b>	CM13-0041799		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/09/1997
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year-old female with a 5/9/1977 industrial injury claim. According to the 9/11/13 medical report, her diagnoses include: lumbar spondylosis s/p multiple surgeries with lumbar fusion; cervical spondylosis; low back pain and neuralgia NOS, and incisional pain over the internal pulse generator. The IMR application shows a dispute with the 10/8/13 UR modification of medications to allow the physician an opportunity to provide the required reporting of efficacy for topiramate, Voltaren gel and Provigil. According to the 9/11/13 pain management report, the patient reports sleepiness due to Provigil being denied. She also was not having relief of nerve pain as Topamax was denied. She was not on Voltaren gel that she was using for lumbar back pain. The report states she is using Ambien to help with her sleep, and takes Tylenol 4 at night, and uses low dose Cymbalta, and continues with Celebrex and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 16-18.

**Decision rationale:** The patient presents with lumbalgia and neuralgia. The 10/8/13 UR modification letter was based on the 9/11/13 medical report, and allowed continued use of Topamax, to allow the physician the opportunity to report on functional benefit. The 11/6/13 report appears to be the follow-up to the 9/11/13 report. There were no reports from Oct. 2013 for review. The 11/6/13 report states the "Topamax was helping neuropathic pain". There was no description of how it helps, or if it reduces pain levels. 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" 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. (Eisenberg, 2007) (Jensen, 2006) 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 reporting requirements for Topamax have not been met. The request for continued use is not in accordance with MTUS guidelines.

**Voltaren Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

**Decision rationale:** The patient presents with lumbalgia and neuralgia. The 9/11/13 report states the Voltaren gel was for the lumbar pain. MTUS guidelines for topical NSAIDs, specifically state " There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The request for Voltaren, a topical NSAID, for use over the lumbar spine and for neuropathic pain is not in accordance with MTUS guidelines.

**Provigil:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Mosby, Inc.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The patient is reported to have problems with daytime wakefulness due to narcotics. The physician states Provigil has been helpful for this. The patient is also reported to have difficulty sleeping at night and takes Ambien for this. ODG guidelines state Provigil is approved for narcolepsy, and that ""prescribers using Provigil for sedation effects of opiates should consider reducing the dose of opiates before adding stimulants" There is no reporting of functional improvement with use of Provigil, there is not a discussion on her night time

insomnia, or daytime sleepiness. Some physicians will document this with the Epworth Sleepiness Scale as suggested in the AMA guides to evaluation of permanent impairment. The available information for this IMR does not objectively document a daytime sleepiness problem or benefit with use of Provigil. There is no discussion of attempting to reduce opiates prior to adding the Provigil as stated in the ODG guidelines. Based on the available information, the request does not appear to be consistent with the ODG guidelines.