

<b>Case Number:</b>	CM14-0005301		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of July 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; psychotherapy; trigger point injection therapy; and psychotropic medications. In a Utilization Review Report of December 27, 2013, the claims administrator denied a request for topiramate, Naprosyn, tramadol, and cyclobenzaprine. No clear rationale for the denial was provided. It was stated, somewhat incongruously, in some sections of the Utilization Review Report that the applicant had improved with the medications in question while other sections of the report stated that the applicant still had impairment so as to perform activities of daily living. The applicant's attorney subsequently appealed. In a medical-legal report dated December 15, 2013, the applicant was described as having been covertly surveilled moving about, playing pool, and inspecting his car tyres without any seeming impairment. The medical-legal evaluator stated that the DVD only represented a snap shot and that might not necessarily adequately or accurately portray the applicant's functional state. A clinical progress note dated July 9, 2013 was notable for comments that the applicant reported persistent anxiety and depression. The applicant was having diminished headaches with Topamax, it was stated. The applicant stated that he could perform activities of daily living in an improved manner with his current medication regimen. The applicant stated that his pain was slightly impacting his general activity and enjoyment of life. The applicant was not working, it was stated, and did report difficulty concentrating at times. The applicant was given diagnosis of vascular headaches, myofascial pain syndrome, and cervical radiculopathy, carpal tunnel syndrome, and lateral epicondylitis. Trigger point injection

therapy was performed while tramadol, topiramate, cyclobenzaprine, and home exercise were recommended. The applicant was placed off of work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TOPIRAMATE 100 MG QUANTITY 120 TABLETS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate, Page(s): 21. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), Topamax Drug Guide.

**Decision rationale:** While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of topiramate as a second-line agent to be employed for neuropathic pain when other anticonvulsants failed, the MTUS does not specifically discuss usage of Topamax or topiramate for headache prophylaxis, the purpose for which it is seemingly being employed here. As noted in the Physician's Desk Reference (PDR), topiramate or Topamax is indicated in the treatment of migraine headache prophylaxis in adult. In this case, the applicant is described as having issues with migraine headaches, reportedly attenuated and diminished as a result of introduction of topiramate. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary, on Independent Medical Review.

#### **NAPROXEN 550 MG QUANTITY 180 TABLETS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 22

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first-line of treatment for various chronic pain conditions, in this case, however, the attending provider has not clearly documented or established the presence of functional improvement with ongoing Naprosyn usage as defined by the parameters established in MTUS. The applicant remains off of work, on total temporary disability, despite ongoing Naprosyn usage. The applicant has seemingly failed to return to work. Portions of the attending provider reporting are somewhat contradictory. For example, the July 9, 2013 progress note states that the applicant is able to perform activities of daily living well with medications. However, the attending provider does not expound upon or detail which activities of daily living have been specifically ameliorated with ongoing medication usage. Other portions of the progress note states that the applicant's pain is impacting his quality of life in general activities level and

impacting his ability to interact with other individuals. The applicant's work status and work restrictions have not improved or diminished from visit to visit. On balance, then the weight of the evidence on file suggested that the applicant is not profiting with ongoing Naprosyn usage. The only medication which the attending provider has singled out as being particularly beneficial is topiramate. Therefore, the request for Naprosyn is not medically necessary, for all the stated reasons.

**TRAMADOL HCL EXTENDED RELEASE 150 MG QUANTITY 60 TABLETS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82 AND 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant is off of work, on total temporary disability. Several progress notes suggested that the applicant's ability to interact with others, concentration, and perform activities of daily living is diminished and impaired, despite ongoing tramadol usage. Tramadol is not singled out as being beneficial by the attending provider. Therefore, the request is not medically necessary, for all of the stated reasons.

**CYCLOBENZAPRINE 7.5 MG QUANTITY 180 TABLETS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not medically necessary.