MAXIMUS Federal Services

| Case Number: | CM14-0115162 | | |
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| Date Assigned: | 08/04/2014 | Date of Injury: | 07/10/2010 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

## 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 Physical Medicine & Rehabilitation 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 injured worker is a 53-year-old male with a reported date of injury on 07/10/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include postconcussive syndrome, cervical disc bulge, and lumbar degenerative disc disease. His previous treatments were noted to include home exercise program, strength, physical therapy, and medications. The progress note dated 01/02/2014 revealed the injured worker was doing well and was not using crutches. The injured worker complained of a dull neck ache occasionally that was rated 8/10, and it radiated to his bilateral shoulders. The injured worker complained of sharp low back pain rated 8/10 that did not radiate. The injured worker complained of left knee pain rated 8/10, and had popping, clicking, locking, and giving out of his knee. The physical examination revealed deep tendon reflexes were symmetric at 2+, sensation was intact, and motor strength was rated 5/5. There was a positive left McMurray's noted to the knee, and pain over the left medial joint line. The progress note dated 07/01/2014 revealed the injured worker was still feeling the same. The injured worker complained of sharp neck pain rated 8/10 that radiated to his bilateral shoulders. The injured worker complained of sharp low back pain that was rated 8/10, that occasionally radiated to his thighs. The injured worker complained of sharp left knee pain rated 7/10 that had popping and clicking of his knee. The physical examination revealed deep tendon reflexes were 2+, sensation was intact, motor strength was rated 5/5, and the left knee flexion was to 80 degrees, and extension was to 160 degrees. There was a positive left McMurray's, and pain over the medial joint line. The Request for Authorization form dated 01/02/2014 was for Ultram 50 mg #120, 4 times a day for pain; Flexeril 20 mg 3 times a day #100 as needed; and Topamax 25 mg twice a day #60. However, the provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Ultram 50 mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant (or non-adherent) drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation of significant pain relief, increased function, absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use, and the absence of aberrant behavior, the ongoing use of opioids medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Flexeril 20mg # 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 41-42, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for Flexeril 20 mg #100 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy of this medication, and muscle spasms to warrant a muscle relaxant. Additionally, the request failed to

provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Topamax 25mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

**Decision rationale:** The request for Topamax 25 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain, and none for painful radiculopathy. The injured worker does complain of radiating pain. However, there is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.