

<b>Case Number:</b>	CM14-0124489		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/14/2001
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Family Practice 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 50-year-old male claimant who sustained a work injury on 4/14/01 involving the shoulders, back and lower extremities. He was diagnosed with chronic pelvis, thigh, shoulder and lumbar pain . A progress note on 1/6/14 indicated the claimant had back pain with numbness in the legs. Exam findings were notable for an antalgic gait, positive straight leg raise on both sides, reduced flexion/extension of the lumbar spine and diminished sensation in the legs. He was treated with Relafen, Diclofenac, Tramadol, Glucosamine and Topamax for pain. A progress note on 3/4/14 , 4/1/04, and 6/17/14 indicated he remained on Relafen, Topamax and Tramadol. There were no changes in symptoms or physical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate- Topamax 25mg #60:** Upheld

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

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

**Decision rationale:** Topamax is an anti-epileptic. According to the MTUS guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic

pain of "central" etiology. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Therefore, the request for Topiramate- Topamax 25 mg #60 is not medically necessary and appropriate.

**Tramadol- APAP 37.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. A limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for over 6 months. The claimant's pain remained persistent. Therefore, the request for Tramadol- APAP 37.5/325 mg #90 is not medically necessary and appropriate.