

Case Number:	CM14-0170810		
Date Assigned:	10/23/2014	Date of Injury:	07/08/2010
Decision Date:	11/21/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55 year old male with complaints of headache pain, neck pain, and upper extremity pain. The date of injury is 7/8/10 and the mechanism of injury is repetitive motion injury. At the time of request for tramadol ER 150mg#45 and topiramate 50mg #90, there is subjective (headache pain, neck pain, wrist and elbow pain) and objective (restricted range of motion cervical and lumbar spine, myofascial trigger points cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, tenderness over the lateral aspect right elbow) findings, imaging findings/other (cervical MRI 6/28/11 shows C5-6 left paracentral disc protrusion with severe left neuroforaminal stenosis, EMG upper extremities shows bilateral C5 radiculopathy with right carpal tunnel syndrome), diagnoses (complicated vascular headache with visual problems, chronic myofascial pain syndrome of the cervical and thoracolumbar spine, bilateral C5 radiculopathy, right carpal tunnel syndrome, right epicondylitis), and treatment to date (activity restrictions, massage, elbow and wrist bracing, aquatic therapy, trigger point injection and medications). Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain as well as treatment for vascular headaches (migraines). There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain as well as treatment for vascular headaches (migraines). There are randomized controlled trials for the use of the class of

medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 tablets of Tramadol HCL ER 150mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Tramadol

Decision rationale: Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. As there is supporting documentation of efficacy of treatment with tramadol as well as drug/misuse surveillance, the request for tramadol HCL ER 150mg #45 is medically necessary.

90 tablets of Topiramate 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 16-18.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain as well as treatment for vascular headaches (migraines). There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. In review of the medical records, there is documentation of analgesic efficacy for topiramate. Therefore, the request for this medication is medically indicated.