

Case Number:	CM14-0170981		
Date Assigned:	10/23/2014	Date of Injury:	03/15/2006
Decision Date:	11/28/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal 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 injured worker is a 65 year old male with a worker comp. injury on 3/15/06. He had surgery for his lumbar spine in 2/08. Since then he has had such treatment for continued lumbar pain such as ESI and H wave treatment. He also was noted to have had DVT treatment in 9/13 and a diagnosis of chronic headache. On 10/8/13 the injured worker saw his pain specialist and was noted to have post laminectomy syndrome and also lumbar DJD. The was complaining of a popping sensation in the low back with severe pain. He was also seeing a psychiatrist. His treatment was with Topamax and Percocet. Later, authorization was sought for Topamax, Soma, and Oxycodone, but the UR denied them on 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tab 1 PO QID as needed, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics; Carisprodol (Soma) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The MTUS states that Soma is "not a recommended medication and that it is a centrally acting skeletal muscle relaxant and that a major metabolite is Meprobamate which is a

schedule IV medicine." It is felt that its effect is probably due to generalized sedating and antianxiety effects. Abuse has been noted and there is concern for the accumulation of Meprobamate. Intoxication can occur and can cause decrease in consciousness and cognition, and abnormalities in gait and motor function. A withdrawal syndrome has also been recognized with this medication. Therefore, the request for Soma 350mg is not medically necessary.

Oxycodone 15mg 1 tab every 4-6 hours as needed for pain, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Weaning of Medications; Opioids, Specif.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,91,96.

Decision rationale: Oxycodone is a potentially addictive opioid and is a Schedule II and is a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if "the patient was noted to return to work and if there was noted to be an improvement in pain and functionality." Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. The above injured worker has had multiple treatments for his back including surgery, ESI, and H wave treatment. The medicine is being administered by a pain medicine specialist and he should have the opportunity to treat the chronic pain with this short acting narcotic. Therefore, the request for Oxycodone 15mg is medically necessary.

Topamax 50mg tab 1 tab by mouth every morning, 2 tabs by mouth every evening, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16,17,20 and 21.

Decision rationale: Topamax is an antiepileptic drug or AED. These AED drugs in general are recommended to treat neuropathic pain. Most studies have involved their use in postherpetic neuralgia or painful polyneuropathy such as is found in DM. There are few trials for painful radiculopathy pain or central pain. A good response is 50% decrease in pain and a moderate one is 30% decrease in pain. If this is not achieved then another drug should be used in the same class or another agent added. Pain relief, improvement in function, and side effects should all be monitored. For painful polyneuropathy the preferred drugs are Neurontin and Lyrica as well as

tricyclics and SNRI antidepressants. Either Neurontin or Lyrica are recommended to treat post herpetic neuralgia. AED's are not recommended to treat chronic axial lumbar pain because of insufficient evidence of efficacy. Topiramate or Topamax is another antiepileptic drug that has demonstrated variable efficacy and it has not shown efficacy for neuropathic pain of central etiology. It has been used for neuropathy when other AED's are not effective. It has been investigated as an adjunct in the treatment of obesity but its side effect profile has limited this use. Topamax is a second line AED drug for treatment of neuropathy pain. We see no evidence that other AED medications which are preferred have been utilized. Therefore, the request for Topamax 50mg is not medically necessary.