

<b>Case Number:</b>	CM14-0030974		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 and 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 42 year old male with a date of injury of 6/26/10, who complains of neck and back pain associated with headache and depression. He reported control of headache from prior Topomax and good pain control with current medications. Exam showed limited range of motion (ROM), multiple trigger points, decreased left grip strength and decreased sensation over the occipital area and bilateral feet. Prior treatments include medication, acupuncture, physical therapy, aquatherapy, cervical epidural steroid injection (ESI), occipital nerve blocks and trigger point injections. Medications include norco, Norflex, Voltaren, Acetylsalicylic Acid, Elavil, Motrin, Topamax, cyclobenzaprine, tramadol, Mirtazapine, omeprazole, tizanidine, baclofen and naproxen. MRI of L/S spine showed disc bulges at L4-S1. Electrodiagnostic study (EMG / NCS) has showed bilateral carpal tunnel syndrome. Cervical CT has showed multilevel disc protrusions and hypertrophic facet changes and stenosis. Diagnoses: post-traumatic headache, dizziness, cognitive dysfunction, post-traumatic occipital neuralgia, cervical and thoracolumbar chronic myofascial pain syndrome, B/L CTS and left shoulder sprain. Prior UR determination was denial of the request for Tramadol #120, Mirtazapine 15mg # 90, Topiramate 50mg # 90 based on the clinical information and guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Tramadol/APAP 5/325 mg between 1/20/2014 and 1/20/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): also:Low Back Complaints;Stress Related Conditions;Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73-74.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. There is no documentation of any improvement in pain level and function with its use. Furthermore, the medical records have not demonstrated the requirements for continued opioid therapy, as stated above, have been met. Therefore, the medical necessity of Tramadol has not been established.

**Retrospective request for 90 tablets of Mirtazapine 15 mg between 1/20/2014 and 1/20/14:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): also:Low Back Complaints;Stress related conditions;Chronic Pain Treatment Guidelines Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 35.

**Decision rationale:** Mirtazapine is a noradrenergic and serotonergic tetracyclic antidepressant agent. The specific indication is not clear in this patient. There is no documentation of a depressive mood disorder in this patient. If it's used for neuropathic pain, there is no documentation of its effectiveness and improvement in pain level or function. Therefore, the medical necessity of the the request is not established at this time.

**Retrospective request for 90 tablets of Topiramate 50 mg between 1/20/1014 and 1/20/2014:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): also Low Back ComplaintsChapter 12;Chapter 15 Stress Related Conditions,Chronic Pain Treatment Guidelines neuropathic pain.

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

**Decision rationale:** Topiramate is an antineuropathic agent, which is also considered for use in neuropathic pain when first line agents fail. A good response is defined as a 50% reduction in pain. Per Chronic Pain Medical Treatment Guidelines, continued therapy depends on improvement in pain and function and lack of side effects. There is no documentation of prior trial and failure of first line agents. The records do not demonstrate any significant improvement in pain and function. Therefore, the medical necessity of the the request is not established at this time.