

<b>Case Number:</b>	CM14-0038317		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/23/1999
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, has a subspecialty in Pain 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 50 year-old male with a date of injury as February 23, 1999. The cause of injury was not included in the documentation. The current diagnoses include migraines and degenerative disc disease. Previous treatments include multiple medications, lower back surgery, and trigger point injection on 02/17/2014. Progress notes dated 09/27/2013 and 02/17/2014 was included in the documentation submitted. Presenting complaints included a new trigger of pain in the left upper back, and continued complaint of migraine headaches, mild in severity, with one full-blown migraine per week. Physical examination revealed the injured worker to have tenderness to palpation over the left scapula with visible spasm at the left lateral latissimus dorsi. Physician recommendation was to continue with use of Voltaren topical gel, tizanidine tablet, Skelaxin tablet, Cymbalta, gabapentin capsule, Neurontin tablet, Norco tablet, Celebrex, and Tramadol for the chronic pain syndrome. Recommendation for the migraine headache was to continue with use of sumatriptan solution, and Topamax tablets. The utilization review performed on 03/21/2014 non-certified topiramate, hydrocodone/acetaminophen, treximet, and Tramadol HCL. Guidelines utilized by the physician reviewer included the California MTUS and official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate Date of Service 05/01/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** In regard to the request for Topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In the submitted medical records available for review, the treating physician indicated that Topiramate was prescribed for migraines but there was no documentation of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement with the use of Topiramate. Additionally, there was no discussion regarding side effects from this medication. In the absence of such documentation, Topiramate (for Date of Service 5/1/2013) is not medically necessary.

**Hydrocodone/Acetaminophen Date of Service 04/16/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** In regard to the request for Hydrocodone/Acetaminophen (Norco), the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the submitted medical records available for review, the treating physician did not adequately document monitoring of the four domains. There was no indication that the opioid medication was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for

Hydrocodone/Acetaminophen (for Date of Service 4/16/2013) cannot be established at this time. The request is therefore not medically necessary.

**Treximet Date of Service 04/01/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans Other Medical Treatment Guideline or Medical Evidence: [http://ihs-classification.org/en/02\\_klassifikation/02\\_teil1/01.01.00\\_migraine.html](http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html)

**Decision rationale:** Regarding the request for Treximet (Sumatriptan/Naproxen), California MTUS does not contain criteria regarding the use of triptan medications. ODG states that triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. In the submitted medical records available for review, the injured worker was diagnosed with migraines and there was documentation that the injured worker had mild daily headaches with one full blown migraine per week for the most part. However, there was no documentation regarding how the headaches have responded to the use of this triptan medication. In the absence of clarity regarding these issues, the Treximet (for Date of Service 04/01/13) is not medically necessary.

**Tramadol HCL Date of Service 04/01/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** Regarding the request for Tramadol (Ultram), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the submitted medical records available for review, the treating physician did not adequately document monitoring of the four domains. There was no indication that Ultram was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Ultram (for Date of Service 4/1/2013) cannot be established at this time. The request is therefore not medically necessary.

