

<b>Case Number:</b>	CM14-0039041		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 52 yr. old male claimant sustained a work injury on 6/6/12 involving the neck shoulders, low back and hips. He was diagnosed by MRI in 2013 with C5-C6 pseudoarthrosis, C4-C5 disc degeneration, C5-C6 foraminal stenosis and spondylosis of L3-L4. He had undergone anterior cervical discectomy and fusion of C5-C7. He has additional diagnoses of major depression and chronic pain syndrome for which he was undergoing cognitive behavioral therapy and biofeedback. A progress note on 3/10/14 indicated the claimant had 8-9/10 pain in the involved regions. At the time he was taking Oxycodone, Tramadol, Flexeril, Topamax, Ketamine cream and Lidoderm Patches for pain control. He had tenderness in the cervical paraspinal region, reduced flexion and extension of the cervical spine, weakness in the right shoulder with guarded motion and psychological fear of being injured. He was initiated on Neurontin 100 mg at night and continued on Topamax 50 mg 3 times a day for neuropathic pain, Tramadol 50 mg twice a day, Lidoderm Patches, Flexeril 10 mg , and Oxycodone 10 mg three times a day. The claimant had been on Topamax, Flexeril, and Lidocaine Patches for several months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg QTY: 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): 20-21.

**Decision rationale:** According to the MTUS guidelines, anticonvulsants are recommended for neuropathic pain of central etiology, polyneuropathy or post-herpetic neuralgia. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Based on the guidelines, and lack of improved pain scores or symptoms after several months use, the request for Topamax 50mg qty: 90 is not medically necessary.

**Flexeril 10mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 62-63.

**Decision rationale:** According to the MTUS guidelines: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been using Flexeril for several months along with opioids and anti-convulsants without change in function or pain scores. Therefore, the request for Flexeril 10mg qty: 90 is not medically necessary.

**Neurontin 100mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being

at least 30%. In this case, the claimant does not have the state conditions approved for Gabapentin use. In addition, he was also taking this with another anti-convulsant (Topamax). Therefore, the request for Gabapentin is not medically necessary.

**Lidoderm patches 5% QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, there is no documentation of failure of NSAIDs, Tylenol, SSRI or tricyclics. The claimant does not have a diagnosis approved for Lidoderm use. In addition, he has been using it for several months without improvement in function or pain. Therefore, the request for Lidoderm patches 5% qty: 60 is not medically necessary.

**Tramadol 50mg QTY: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**Decision rationale:** According to the MTUS guidelines, opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [ & ] (3) treatment of neuropathic cancer pain. 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, there is no documentation of failure of NSAIDs, Tylenol, SSRI or tricyclics. In addition, he has been using it for several months without improvement in function or pain. Therefore, the request for Tramadol 50mg qty: 120 is not medically necessary. In this case, there is no documentation of failure of NSAIDs, Tylenol, SSRI or tricyclics. In addition, he has been using

it for several months without improvement in function or pain. Tramadol is not medically necessary.