

<b>Case Number:</b>	CM14-0043529		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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:

40-year-old male claimant sustained a work injury on 5/1/09 involving the neck and upper extremities. He was diagnosed with chronic pain, myofascial pain syndrome, lumbar pain, seizure disorder, occipital neuralgia and headaches. Progress note on March 24, 2014 indicated he had 6/10 pain that worsened with most activities. He complained of memory loss, anxiety, paresthesias, nausea and vomiting, and visual blurring. Physical findings were notable for diffuse tenderness in the cervical region, tenderness on palpation of the occipital nerve, diffuse upper extremity weakness but normal sensory examinations. He was treated with Topamax 100 mg, Keppra 500 mg and Hydrocodone/Tylenol 10 mg. He had been on these medications since at least September 2013 at which time his pain and examinations were similar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Hydrocodone / Acetaminophen 10/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Hydrocodone for over 7 months without significant improvement in pain or function. The continued use of Hydrocodone is not medically necessary.

**60 Tablets of Topamax 100 mg with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Topamax treats migraines and seizures. According to the MTUS guidelines, it 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. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). Over several months of office visits there was no documentation regarding seizures or quality of migraines that the claimant would benefit from prolonged use of Topamax. He is also taking another antiepileptic, Keppra. It is unclear why he is on two medications for the same purpose. Continued use of Topamax is not supported and therefore not medically necessary.

**60 Tablets of Keppra 500 mg with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Keppra treats seizures. According to the MTUS guidelines, Keppra among the antiepileptic drugs (AEDs) most recently approved and should be used to treat neuropathic pain only when Carbamazepine, Gabapentin, or Lamotrigine cannot be used. (Guay, 2003) In addition, underlying depression and anxiety symptoms may be exacerbated by Keppra. Over several months of office visits there was no documentation regarding seizures. He is also taking another antiepileptic, Topamax. It is unclear why he is on two medications for the same purpose. Continued use of Keppra is not supported and therefore not medically necessary.