

<b>Case Number:</b>	CM14-0080543		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 57-year-old female who reported an injury on 12/14/2000. The mechanism of injury was not provided in the medical records. Her diagnoses include cervical and lumbar facet syndrome, cervical spine central stenosis, and status post bilateral carpal tunnel release surgeries. Her previous treatments were noted to include physical therapy, medications, psychological treatment, carpal tunnel release surgery and epidural steroid injections. A urine toxicology screen performed on 04/24/2014 was noted to be positive for Oxycodone, Noroxycodone and Oxymorphone. On 07/02/2014, the injured worker presented with complaints of pain in her neck, low back and bilateral hands. She rated her pain 5/10 with medications and reported a pain rating of 10/10 without medications. It was noted that she denied side effects and stated her quality of sleep was good. She also indicated that her activity level had increased and it was noted that she was taking her medications as prescribed. Her medications were listed to include Keppra, Oxycontin, Amlodipine, Bupropion, and Citalopram. The treatment plan included continued physical therapy treatments, use of a transcutaneous electrical nerve stimulation (TENS) unit and refills of Oxycodone and Keppra. The documentation indicated that Oxycodone was requested as the injured worker reported it helped improve her level of sleep due to significant pain relief. She further indicated that her pain score reduces from a 5/10 to 5/10 and increases her ability to complete her activities of daily living (ADLs) as well as increases her ability to sit from 5 minutes to one (1) and a half hours. In regard to Keppra, it was noted that this was requested as the injured worker indicated it improved her neuropathic pain by 90% and she had symptoms of jerking and twinges without use of this medication and is unable to sleep without use of this medication. The request for authorization form for these medications is not submitted in the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Keppra 500mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 22.

**Decision rationale:** According the California MTUS Chronic Pain Guidelines, Keppra may be effective for neuropathic pain, but the ultimate role of this medication for pain requires further research and experience. Therefore, the guidelines state that use of Keppra is only supported to treat neuropathic pain when Carbamazepine, Gabapentin or Lamotrigine cannot be used. The clinical information submitted for review indicated that the injured worker was utilizing Keppra for neuropathic pain and to promote sleep with significant pain relief, increased function and absence of side effects. However, the documentation did not indicate that the injured worker could not take Carbamazepine, Gabapentin, or Lamotrigine. Therefore, the use of Keppra is not supported by the evidence based guidelines. In addition, the request failed to include a frequency and quantity being requested. For the above reasons, Keppra 500mg is not medically necessary.

**Oxycontin 40mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The documentation submitted for review indicated that the injured worker had significant pain relief with use of this medication decreasing her pain levels from 10/10 to 5/10, as well as increased function, appropriate medication use verified by urine drug screen and an absence of adverse side effects. Therefore, continued use of this medication would be supported by the evidence based guidelines. However, the request failed to provide a frequency and quantity. Therefore, Oxycontin 40mg is not medically necessary.