

<b>Case Number:</b>	CM14-0088838		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 47-year-old male with a date of injury of 08/25/2010. The listed diagnoses per [REDACTED] are: 1. Cervical spondylosis. 2. Cervicogenic headaches. 3. C3-C4 stenosis. 4. Severe L4-L5 and L5-S1 stenosis. 5. PTSD. 6. Chronic pain. 7. Lumbar Facet Arthropathy. Treatment reports from 12/23/2013 through 04/28/2014 were reviewed. According to progress report 04/28/2014, the patient presents with persistent neck and back pain that he rates as a 4-5/10 on a pain scale. He reports intermittent numbness and tingling in both of his feet as well as numbness and tingling in his bilateral hands. The patient is taking Norco 10/325 mg for severe pain, tramadol ER once a day, Flexeril 1 to 3 times a day for muscle spasms, Prilosec once a day, and Topamax once a day for neuropathic pain. The patient states the medications help decrease his pain by about 15% temporarily and allows him to increase his walking distance by about 30 minutes. He denies side effects with his medications. UDS was administered on 02/03/2014 in which medications were detected. The patient is temporarily and partially disabled and currently not working. The treating physician is requesting a refill of medications. Utilization review denied the request on 06/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with persistent neck and low back pain with intermittent numbness to his feet as well as numbness and tingling in the bilateral hands. The treater is requesting a refill of Hydrocodone/APAP 10/325 mg #120. Utilization review denied the request stating, "There is still no submission of CA MTUS mandated documentation for chronic opiate use, which includes risk assessment profile, attempt at weaning/tapering, and an updated signed pain contract between provider and claimant." The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. For opiate management, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). Review of the medical file indicates the patient has been prescribed this medication since at least 12/23/2013. The treating physician continually notes a decrease in pain, utilizing pain scale. The treating physician also states the patient is able to walk for longer periods of time on medication. Patient reports no side effects and urine drug screens are provided to monitor consistency of medication intake. In this case, given the efficacy of medication and treating physician's documentation of functional improvement, the request is medically necessary and appropriate.

**Topiramate 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines regarding antiepileptic drugs for chronic pain Page(s): 16-17.

**Decision rationale:** This patient presents with continued neck and low back pain that radiates into the feet with numbness and tingling into the bilateral hands. The treater is requesting a refill of topiramate 50 mg #60. According to MTUS Guidelines page 21, "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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that 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 for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." In this case, progress reports note radicular symptoms in both the upper and lower extremities. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. Given the patient meets the indication

for this medication and there is documented improvement in pain; therefore, the request is medically necessary and appropriate.

**Tramadol ER 150mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines states a small class of synthetic opioids Page(s): 75.

**Decision rationale:** This patient presents with neck and low back pain that radiates into the bilateral feet with numbness and tingling into the bilateral hands. The treating physician is requesting a refill of tramadol ER 150 mg #30. Utilization review denied the request stating that California-mandated documentation has not been submitted. MTUS guideline pg 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Review of the medical file indicates the patient has been prescribed Tramadol ER since at least 12/23/2013. The treating physician continually notes a decrease in pain, utilizing pain scale. Treater also states the patient is able to walk for longer periods of time on medication. Patient reports no side effects and urine drug screens are provided to monitor consistency of medication intake. In this case, given the efficacy of medication and treating physician's documentation of functional improvement, the request is not medically necessary and appropriate.

**Flexeril 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity/Antispasmodic Drugs.

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

**Decision rationale:** This patient presents with neck and low back pain that radiates into the bilateral feet with numbness and tingling into the bilateral hands. The treater is requesting a refill of Flexeril 10mg #60. The MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. In this case, the patient has been prescribed this medication since at least 12/23/2013. Muscle relaxants are not intended for long term use, and the request is not medically necessary and appropriate.