

<b>Case Number:</b>	CM14-0121060		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 58 year old female, who sustained an industrial injury on 12/14/2000. According to a progress report dated 07/02/2014, the injured worker was seen for neck pain, lower backache and bilateral hand pain. Pain level with medications was rated 5 on a scale of 1-10, and without medications pain was rated 10. There were no new problems or side effects. Quality of sleep was good. She was also trying physical therapy for pain relief. Activity level had increased. She was taking her medications as prescribed. Medications were working well. Current medications included Keppra 500mg, Oxycontin 40mg, Oxycontin 60mg, Amlodipine Besylate 2.5mg, Bupropion Hcl 100mg, Citalopram 40mg, Dorzolamide-timolol eye drops 2-0.5%, Fenofibrate 160mg, Levetiracetam 500mg Lisinopril-hydrochlorothiazide 10-12.5mg. Diagnoses included backache not otherwise specified, cervicgia, cervical pain, cervical radiculopathy, spinal/lumbar degenerative disc disease and low back pain. The treatment plan included Keppra 500mg tablet 1 by mouth twice a day quantity 60, Oxycontin 40mg tablet 1 by mouth twice a day quantity 60 and Oxycontin 60mg 1 by mouth every bedtime quantity 30. The injured worker was permanent and stationary. Currently under review is the request for Oxycontin 40mg #60 and Keppra 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 40MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, the currently prescribed dosage of Oxycontin exceeds guideline recommendations of 120MED per day. Weaning has been previously recommended. As such the request for Oxycontin 40mg #60 is not medically necessary.

**KEPPRA 500MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Anticonvulsants and Other Medical Treatment Guidelines Epocrates, <https://online.epocrates.com>, Levetiracetam (Keppra).

**Decision rationale:** ODG states "Recommended. For adult patients with severe TBI, prophylaxis with phenytoin is effective in decreasing the risk of early post-traumatic seizures and can be administered for 1 or 2 weeks without a significant increase in drug-related side effects. AED prophylaxis is not shown to be effective in decreasing the risk of late post-traumatic seizures, nor is it associated with a reduction in mortality rate or neurological disability." (Chang, 2003) (Colorado, 2005) (Haltiner, 1999) (Haltiner, 1996) (Schierhout, 1998) (Smith, 1996) (Temkin, 2001) (Temkin, 1999) (Young, 1983) Epocrates notes that Levetiracetam (Keppra) is prescribed for partial seizures, adjunct tx juvenile myoclonic epilepsy, and adjunct tx primary generalized tonic clonic seizures. Medical records do not indicate that carbamazepine, gabapentin, or lamotrigine were tried and/or failed. Weaning has been previously recommended.

As such, the request for Keppra 500mg #60 is not medically necessary.