

Case Number:	CM14-0186491		
Date Assigned:	11/14/2014	Date of Injury:	02/05/2010
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Medicine and is licensed to practice in Texas and 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:

This is a 67 year old male patient who sustained an injury on 2/05/2010. The current diagnoses include lumbar post laminectomy syndrome, lumbar spinal stenosis and chronic pain syndrome. He sustained the injury when he lifted a banquet tray of food. Per the doctor's note dated 10/09/14, patient had complaints of low back pain with radiation down his right lower extremity with associated muscle spasms especially in the anterior right thigh. The physical examination of the lumbar spine revealed flexion 80 and extension 20 degrees, normal bilateral lateral bending, spasm and guarding, pain with facet loading bilaterally, mild tenderness to palpation over lumbar bony prominence. The medication list includes tramadol, topamax, seroquel, lisinopril, atenolol and protonix. He has undergone lumbar spine decompression surgery on 2/3/2011. He has had lumbar MRI dated 1/6/2012 which revealed multiple degenerative disk changes; Electromyogram (EMG) and Nerve Conduction Velocity(NCV) Studies dated 1/12/12 with findings suggestive of (not diagnostic of) mild right S1 radiculopathy. He has had epidural injection and lumbar facet injections. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Topiramate (Topamax) 25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs (AED) Page(s): 16-17,21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Topiramate (Topamax, no generic available) Page(s): 16-17,21.

Decision rationale: Topamax contains topiramate which is an antiepileptic drug. According to California MTUS guidelines antiepileptic drugs are "Recommended for neuropathic pain (pain due to nerve damage. 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). There are few RCTs directed at central pain and none for painful radiculopathy." Any evidence of postherpetic neuralgia and painful polyneuropathy is not specified in the records provided. In addition per the cited guidelines "Topiramate (Topamax, no generic available) 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." Response to first line anticonvulsants like gabapentin and pregabalin is not specified in the records provided. The medical necessity of the retrospective Topiramate (Topamax) 25mg #120 is not fully established for this patient.

Retro Quetiapine Farnarate 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG- Mental Illness& Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress (updated 11/21/14) Quetiapine (Seroquel)

Decision rationale: Seroquel contains Quetiapine. American college of Occupational and Environmental Medicine (ACOEM) and California MTUS do not address this request. Per the cited guidelines quetiapine is "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in Official Disability Guidelines (ODG)." A detailed history and examination regarding depression or other psychiatric illnesses is not specified in the records provided. A recent detailed psychiatric evaluation note is not specified in the records provided. The medical necessity of retro Quetiapine Farnarate 25mg #60 is not established for this patient at this time.

Retro Tramadol HCL ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain; Central acting analgesics Page(s): 75,82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "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. "Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Patient had chronic low back pain with radiation to the right lower extremities. He has history of lumbar spine surgery. Therefore there is evidence of conditions that cause chronic pain with episodic exacerbations. The retrospective request for Tramadol HCL ER 150mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.