

<b>Case Number:</b>	CM14-0199096		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	11/06/2007
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, 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 63 year old male with an injury date of 11/06/07. Based on the 07/07/14 progress report, the patient complains of bilateral knee pain and has instability. He has depression, diabetes, and high blood pressure. The 09/17/14 report states that the patient rates his knee pain as a 7.5-9/10. Spasm and guarding is noted over the lumbar spine. Both knees examination is positive for joint line tenderness. The 10/15/14 report indicates that the patient continues to have bilateral knee pain. No new exam findings were provided. The patient's diagnoses include the following: Internal derangement knee nec- bilateral Joint replaced knee- right Sprain/strain, lumbar region The utilization review determination being challenged is dated 10/23/14. Treatment reports were provided from 12/18/13- 11/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; medication for chronic pain Page(s): 88-89, 78, 60-67.

**Decision rationale:** The patient presents with bilateral knee pain, instability, depression, diabetes, and high blood pressure. The request is for Tramadol/APAP 37.5/325mg #90. The patient has been taking Tramadol as early as 02/25/14. The report with the request was not provided. MTUS Guidelines pages 88 and 89 states, "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 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 04/22/14 report says that the patient "is using Tramadol which is working well for him. He has improvement in function. His pain score goes from about 7 or 8 without medication to a 4 or 5 with medication. He is able to walk and do activities of daily living better with medication compared to without the medication." The 09/07/14 report states that the patient rates his pain as a 7.5-9/10. "Patient states that Tramadol does help to reduce his pain by about 60%. He is able to walk about 3 more blocks better with less pain. He is able to continue his home exercise program better with less pain." The 10/15/14 report indicates that the patient's "medications are working well for him." Although the provider provides pain scales and examples of ADL's to demonstrate medication efficacy, not all 4 A's were addressed as required by MTUS. Since the medication is helping the patient, one can assume that the side effects were minimal. However, there is no discussion regarding opiates management for adverse behavior including urine toxicology, CURES, pain contract, any early refills, lost/stolen meds, etc. No outcome measures are provided either as required by MTUS. The treating physician has failed to provide documentation of all 4 A's by missing the aberrant behavior part as required by MTUS for chronic opiate use. The requested Tramadol/APAP is not medically necessary.

**Topiramate 25mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topamax; Antiepilepsy drugs (AEDs); medication for chronic pain Page(s): 21; 16-17; 60.

**Decision rationale:** The patient presents with bilateral knee pain, instability, depression, diabetes, and high blood pressure. The request is for Topiramate 25mg #120. There is no indication of when the patient began taking Topiramate. The report with the request was not provided. Regarding Topiramate (Topamax), MTUS Guidelines page 21 states "Topiramate 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, there was no discussion provided regarding Topiramate, nor is it known when the patient began taking this medication. The patient has bilateral knee pain, instability, spasm and guarding over the lumbar

spine, and joint line tenderness in both knees. There is no indication that the patient has neuropathic pain, as MTUS requires. In addition, there is no documentation of pain and functional improvement with the use of Topiramate. MTUS guidelines page 60 requires documentation of medication efficacy in terms of pain reduction and functional gains when used for chronic pain. Furthermore, there is no evidence that the patient has failed treatment with other anticonvulsants. The request of Topiramate does not meet MTUS criteria; therefore it is not medically necessary.