

<b>Case Number:</b>	CM15-0103293		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 46-year-old female who sustained an industrial injury on 02/27/2014. She reported low back pain and burning pain in her right lower extremity. The injured worker was diagnosed as having lumbar spondylosis, lumbar spine, 7mm herniated disc at L5-S1, lumbar spine, bilateral L5 and S1 radiculopathy, bilateral calf tendinitis with sprain/strain of the anterior talofibular ligament. Treatment to date has included a lumbar facet arthrogram, and lumbar facet blocks under fluoroscopic guidance at L4-L5 and L5-S1 bilaterally (05/04/2015), medications, medication management, acupuncture, physical therapy and home exercise. Currently, the injured worker complains of pain and spasm in the low back and numbness and tingling down her bilateral lower extremities to her feet. On examination, there is spasm in the lower lumbar with paraspinal tenderness. Lasegue's test is positive to the right. Range of motion of the lumbar spine is diminished in all planes. Examination of the right lower leg and ankle reveals tenderness and spasm over the medial gastrocnemius with swelling. There is decreased sensation to the right posterior and lateral thigh as well as the dorsal and plantar surfaces of the bilateral feet. Patellar and Achilles tendon reflexes are normal. Current medications (04/08/2015) include Tramadol, Daypro, Topamax, and pantoprazole. The treatment plan is to continue physical therapy, acupuncture, and home exercise. All pain medications are to be continued through pain management. A request for authorization is made for Ibuprofen 800mg #90, Tramadol HCL ER 150mg #30 and Topamax 25mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, such as Ibuprofen, as a treatment modality. The specific recommendations are as follows: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, the medical records indicate that Ibuprofen is being used as a long-term treatment strategy for this patient's pain syndrome. As noted in the above-cited guidelines, NSAIDs are only recommended for acute exacerbations of chronic pain. There is no information provided in the record to justify long-term use of this medication based on efficacy in pain control or in functional improvement. For these reasons, Ibuprofen is not considered as a medically necessary treatment.

**Tramadol HCL ER 150mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Tramadol. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. There appear to have been efforts directed towards weaning this patient from chronic opioid use. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tramadol is not considered as medically necessary.

**Topamax 25mg #30:** 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 Anti-Epilepsy Drugs Page(s): 16-21.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs). In general, AEDs are recommended for the treatment of neuropathic pain. Topamax is an AED and is recommended for use when first-line AEDs fail to demonstrate benefit. For all AEDs, chronic use is dependent on objective documentation of outcomes. The MTUS guidelines state the following regarding these outcomes: Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the medical

records do not support that the prior use of Topamax has been associated with an improvement in outcomes, as described above. There is no evidence that the patient experienced any significant improvement in pain control with the use of Topamax. The above cited MTUS guidelines recommend a switch to a different agent, under these conditions. For this reason, continued use of Topamax is not considered as medically necessary.