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| Case Number: | CM15-0131833 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 08/27/2000 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female with an industrial injury dated 08/27/2000. The injured worker's diagnoses include lumbago, pain in joint hand and unspecified myalgia and myositis. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 02/24/2015, the injured worker reported worsening pain in the neck and lower back. The injured worker reported trying home exercise therapy without prolonged benefit. The injured worker rated average pain a 6-7/10 and a 3-4 with medications. Objective findings revealed pain with neck and back range of motion, tight and taut bands in her left more than right cervical and scapular muscles, and tenderness over the lumbar paraspinal and gluteal musculature. Treatment plan consisted of medication management and physical therapy. In a physical therapy note dated 06/08/2015, the injured worker presented with sudden onset of constant lumbar spine, cervical spine, gluteal and lateral leg pain to the knee. The treating physician prescribed Topamax 150 mg Quantity 60, twice daily, Flexeril 10 mg Quantity 60, every 12 hours and Ultram 50 mg Quantity 120, every 6 hours, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 150 mg Qty 60, twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs), Topamax.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16, 21.

Decision rationale: With regard to anti-epilepsy drugs, the MTUS CPMTG states "Recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) 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." Per MTUS CPMTG, "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." With regard to medication history, it was not indicated how long the injured worker has used this medication. The documentation submitted for review contain no evidence of failure of first line anticonvulsant such as gabapentin or pregabalin. As the MTUS guidelines consider it appropriate after failure of these medications, medical necessity cannot be affirmed.

Flexeril 10 mg Qty 60, every 12 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Amrix, Flexeril).

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for Flexeril can provide additional data on whether the injured worker is compliant, UDS dated 6/17/15 was negative for cyclobenzaprine. The

documentation submitted for review indicates that the injured worker has been using this medication for four months. There is no documentation of the patients' specific pain level or percent improvement with treatment with Flexeril. There is no documentation of the patients' specific functional level or percent improvement with treatment with Flexeril. As it is recommended only for short-term use, medical necessity cannot be affirmed.

Ultram 50 mg Qty 120, every 6 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Ultram nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 2/24/15 the injured worker rated pain 6-7/10 and 3-4/10 with medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 6/17/15 was negative for tramadol. CURES report was not available. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.