

Case Number:	CM15-0133819		
Date Assigned:	07/22/2015	Date of Injury:	06/06/2013
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: 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 was a 51 year-old male, who sustained an industrial injury, June 6, 2013. The injured worker previously received the following treatments Topamax, Nortriptyline, Prilosec, Ibuprofen, Cymbalta, Gabapentin, Lyrica unable to tolerate, epidural steroid injections were not helpful, home exercise program, functional restoration program, cane, chiropractic services, physical therapy, lumbar spine MRI of poor quality in November of 2013. The injured worker was diagnosed with lumbar facet arthropathy, left lumbar radiculitis, muscle spasms, lumbar radiculopathy, bilateral hip osteoarthritis, bilateral knee pain right worse than the left, bilateral knee osteoarthritis and displacement of the lumbar intervertebral disc without myelopathy. According to progress note of May 27, 2015, the injured worker's chief complaint was back and leg pain. The visit was follow-up for an epidural steroid injection. The injured worker reported it did nothing. The prior lumbar spine MRI was of poor quality. The lumbar spine MRI showed what appeared to be an extrude fragment in the L4-L5 level. The progress noted of May 6, 2015 noted decreased range of motion of flexion 20 degrees, extension was barely perceptible, right and left lateral flexion was normal and right and left rotation was normal. The lumbar facet test was positive. The seated straight leg raises were positive on the left. The Faber's test was negative. The femoral stretch test was negative. Piriformis stretch was negative and the facet loading test was negative. There was decreased sensation in the L5 and S1 distribution. The reflexes were 2 out of 4 in the bilateral Patella and Achilles reflexes. The injured worker reported anxiety with taking Topamax, tapering the dose to 50mg a day. The progress note of June 17,

2015, discussed surgery, but needed a new MRI for evaluation for surgery. The injured worker described the pain as worse, sharp, throbbing, pins and. The pain was rated 9-10 out of 10 constant, brought on by all activities and better with lying down. The injured worker reported tingling going down both legs and pain in the neck while driving. The treatment plan included prescriptions for Tramadol and Topamax and a lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide the Tramadol dosage in the request for authorization. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. The original utilization review requested the correct dosage information be submitted for consideration. As such, the request for Tramadol #60 with 1 refill is not medically necessary.

Topamax 25mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Antiepileptic Drugs Page(s): 113, 21.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax, "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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." Medical files do indicate the failure of other first line

anticonvulsants, such as gabapentin but there is no documentation of functional improvement with Topamax. Patient continues to rate pain 9 to 10 out of 10. As such, the request for Topamax 25mg, #30 with 5 refills is not medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain 'before 1 month in absence of red flags'. ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI (Magnetic Resonance Imaging) of the lumbar spine is not medically necessary.