

<b>Case Number:</b>	CM15-0185814		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 31 year old, female who sustained a work related injury on 9-28-13. The diagnoses have included discogenic lumbar condition with facet inflammation, left-sided radiculopathy, discogenic thoracic disease, depression, stress and insomnia. She is being treated for mid and low back pain. Treatments have included TENS unit therapy, heat-cold therapy, use of a back brace, completion of a functional restoration program, acupuncture, and physical therapy. Current medications include Flexeril, Naproxen, Protonix, Terocin patches and Lidopro cream. In the progress notes dated 8-28-14, the injured worker reports "standing capacity is 10 minutes." Her chores are done "gingerly" such as sweeping and dusting. She has insomnia. She has pain in groin that radiates down the leg to calf area. On physical exam, she has tenderness along the adductor musculature along the left pubic bone. She has tenderness along the lumbar spine. She is working modified duty. The treatment plan includes refills of medications and adding Ultracet. She took Ultracet previously and it was discontinued due to her inability to tolerate the medication. In the Utilization Review, dated 9-3-15, Tramadol (Ultracet) 37.5mg #60 and Topamax 50mg #60 are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol (Ultracet) 37.5 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Key case points are as follows. The claimant was injured in 2013 with a discogenic lumbar condition with facet inflammation, left-sided radiculopathy, discogenic thoracic disease, depression, stress and insomnia. She is being treated for mid and low back pain. The objective, functional improvements out of these medicines are not noted. Neuropathic elements of pain are not documented. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

**Topamax 50 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** As noted, key case points are as follows. The claimant was injured in 2013 with a discogenic lumbar condition with facet inflammation, left-sided radiculopathy, discogenic thoracic disease, depression, stress and insomnia. She is being treated for mid and low back pain. The objective, functional improvements out of these medicines are not noted. Neuropathic elements of pain are not documented. The MTUS notes that for chronic non-specific axial low back pain, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. (Chou, 2007). There was one randomized controlled study that has investigated topiramate for chronic low back pain. (Muehlbacher, 2006) This study specifically stated that there were no other studies to evaluate the use of this medication for this condition. Patients in this study were excluded if they were taking opioids. No patient had undergone back surgery. Given the lack of study of this medicine for chronic pain, I would not supported an unstudied medicine for the claimant. The request is not medically necessary.