

<b>Case Number:</b>	CM15-0185937		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<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: Arizona, 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 is a 44 year old male who sustained an industrial injury on 11-28-2011. Medical records indicated the worker was treated for his knees and lower back area. His diagnoses include spasm muscle; thoracic-lumbar neuritis-radiculitis; postlaminectomy syndrome lumbar region; osteoarthritis, generalized; and pain in joint lower leg. In the past he has had 60% pain relief in the knees lasting greater than 6 months following Synvisc injections. In the provider notes of 07-23-2015, the injured worker complains of ongoing back and knee pain. He has pain and crepitus in the bilateral knees. A SCS (spinal cord stimulator) trial is pending. On exam, the lumbothoracic spine has decreased range of motion in all planes, and there is tenderness throughout the back. Lumbar radicular signs are present in the right lower extremity. He has a positive right straight leg raise and right ankle dorsiflexion weakness. The plan of treatment is for medications, requesting a psych clearance for a SCS trial, and request authorization for bilateral Synvisc injections. A request for authorization was submitted for Tramadol 50mg #60, Ambien 5mg #30, and Topamax 50mg #90. A utilization review decision 08-21-2015 modified the Tramadol request to approve QTY #45, a 25 percent reduction to begin a weaning process. The Ambien request was denied. The Topamax request was modified to QTY#68 to initiate a weaning process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted and required a spinal cord stimulator. Pain reduction scores with use of medication was not noted. There was no mention of weaning, Tylenol or NSAID failure. Chronic use is not indicated and continued use of Tramadol is not medically necessary.

**Ambien 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

**Topamax 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topiramate (Topamax).

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

**Decision rationale:** 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. In this case the claimant had pain despite use of Topamax and Tramadol. Pain reduction scores were not noted. Failure of other tricyclics was not mentioned. Continued use of Topamax is not medically necessary.