

<b>Case Number:</b>	CM15-0206387		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: North Carolina

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 69-year-old female, with a reported date of injury of 06-01-2010. The diagnoses include cervical spinal stenosis, cervical spondylosis, and right shoulder joint pain. The medical report dated 09-22-2015 indicates that the injured worker continued to have severe pain. The pain was made worse with raising her right arm in abduction fashion. Forward flexion caused severe pain; and she had difficulty raising her arm up and lifting. It was noted that medication helped decreased her pain and improve her range of motion. It was also noted that an MRI of the right shoulder on 01-13-2015 showed re-demonstration of full thickness, full width tearing of the supraspinatus tendon with failure at the footprint and moderate hypertrophic degenerative changes of the acromioclavicular joint with small subacromial enthesophyte; an MRI of the right shoulder on 06-18-2014 showed full-thickness, full width tearing of the supraspinatus tendon with failure adjacent to the footprint and retraction of the torn tendon fibers, and moderate supraspinatus muscle atrophy; electrodiagnostic studies of the bilateral upper extremities on 08-03-2010 which showed cervical radiculopathy; and an MRI of the cervical spine on 08-18-2010. The objective findings showed normal muscle tone in the bilateral upper and lower extremities; decreased right arm abduction; pain when lowering and raising the right arm; painful range of motion of the right arm; and positive empty can sign with pain. The injured worker's was permanent and stationary with permanent disability. The diagnostic studies to date have included a urine drug screen on 07-28-2015 with negative findings. Treatments and evaluation to date have included Ketamine cream, Topamax (since at least 04-2015), Tramadol (since at least 04-2015), Voltaren gel, Tagamet, and Diclofenac. The treating physician requested Tramadol 37.5-325mg #90 and Topamax 25mg #60. On 10-13-2015, Utilization Review (UR) modified the request for Tramadol 37.5-325mg #90 to Tramadol 37.5-325mg #19 and Topamax 25mg #60 to Topamax 25mg #13.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen 37.5/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Topamax (Topiramate) 25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

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

**Decision rationale:** The California MTUS section on Topamax states: 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007) The patient does have neuropathic pain complaints however, there is no documentation of failure of first line anticonvulsant therapies for neuropathic pain. Therefore, the request is not medically necessary.