

<b>Case Number:</b>	CM15-0027083		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	10/24/1996
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48-year-old female, who sustained an industrial injury on 10/24/96. She has reported neck and back pain. The diagnoses have included reflex sympathetic dystrophy, opioid type dependence, carpal tunnel syndrome and migraine. Treatment to date has included intrathecal pain pump, oral pain medications and physical therapy. Currently, the injured worker complains of neck and shoulder pain. On 9/10/14, the injured worker stated the neck and shoulder pain was dull, throbbing, burning, aching and improved with medication, rest and heat. More recent clinical records were not submitted for review. On 1/22/15 Utilization Review non-certified Topamax 200mg #60, noting there is no evidence of failure with other anticonvulsants to warrant the medication and MSER 30mg #60 modified to #30, noting the original dosage requested would put the injured over the recommended amount of oral morphine equivalents. The MTUS, ACOEM Guidelines, was cited. On 2/12/15, the injured worker submitted an application for IMR for review of Topamax 200mg #60 and MSER 30mg #60 modified to #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Topamax 200mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**Decision rationale:** Topamax (topiramate) is a medication in the anticonvulsant class. The MTUS Guidelines recommend its use for neuropathic pain when other anticonvulsant medications have failed. The literature demonstrates variable efficacy with central neuropathic pain. The submitted and reviewed documentation indicated the worker was experiencing neck and shoulder pain. There was no mention of seizures. These records did not report the worker was taking this medication or that this medication was being considered. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Topamax (topiramate) 200mg is not medically necessary.

**1 prescription of MSER 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Long-acting morphine is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck and shoulder pain. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of MS-ER (long-acting morphine) 30mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on

the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.