

<b>Case Number:</b>	CM15-0212401		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	01/01/1997
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: California, 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 71 year old male who sustained an industrial injury on 1-1-1997. A review of medical records indicates the injured worker is being treated for lumbar disc disease, lumbar radicular signs and symptoms, cervical disc disease, and bilateral knee arthropathy. Medical records dated 10-15-2015 noted low back pain and bilateral knee pain. Pain scale was unavailable. Physical examination noted lumbar spine range of motion was 25% of expected. Left knee range of motion was 5-90 degrees with peripatellar swelling and crepitus. Right knee range of motion was 10-70 degrees. Treatment has included Norco since at least 4-9-2015, Medrol dose pack since at least 8-17-2015, and Topiramate since at least 7-14-2015. Utilization review form dated 10-22-2015 noncertified Norco 10-325mg #150, Medrol dose pack x 1, and Topiramate 50mg #60 x 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** The patient is a 71 year-old male with a date of injury of 1/1/1997 who complains of chronic low back pain and bilateral knee pain. The request is for ongoing Norco, an opioid analgesic. CA MTUS Guidelines state that opioids are indicated on a short-term basis at the lowest dose for the shortest period of time. Pain relief and functional improvement should be documented for ongoing use. In this case, the claimant has been taking Norco on a long-term basis. The 4 A's (analgesia, ADL's, appropriate medication use and adverse events) have not been adequately documented according to guideline recommendations. The records do not reveal any attempt at weaning the claimant from the Norco. Therefore, based on the above, the request is not medically necessary or appropriate.

**Medrol Dose pack x 1:** 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, Formulary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (oral corticosteroids).

**Decision rationale:** Ca MTUS is silent regarding the use of oral corticosteroids for pain. ODG does not support the use of oral corticosteroids for chronic low back or knee pain. In this case, the date of injury is 18 years ago. The use of Medrol is not supported given the chronicity of symptoms and lack of guidelines support. In addition, the claimant has had what appears to be 2 recent prescriptions for Medrol, the last of which was authorized on 8/18/2015. Refill of another Medrol pak is not recommended due to the time interval between prescriptions being too short. Therefore, the request is not medically necessary or appropriate.

**Topiramate 50mg twice a day quantity 60 with three refills:** Upheld

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

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

**Decision rationale:** The claimant is a 71 year-old male whose date of injury was over 18 years ago and who complains of chronic low back and knee pain. The request is for Topiramate (Topamax). Topiramate is an anti-epileptic drug, which is also indicated for patients with chronic neuropathic pain. In this case, there is a lack of documentation regarding significant pain relief and functional improvement specific to the Topiramate. The patient's pain does not appear to be neuropathic. Symptoms may be due to an inflammatory condition, such as osteoarthritis, especially at the age of 71 years. The request is therefore not medically necessary or appropriate.

