

<b>Case Number:</b>	CM14-0133351		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/16/1989
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 employee was a 62 year old female who had sustained an industrial injury on 03/16/1989. She was being treated for chronic low back pain secondary to lumbosacral degenerative disc disease, chronic right shoulder pain, status post right shoulder replacement, left sciatic pain, neuropathic pain, insomnia and opioid dependence. Her notes from July 23, 2014 was reviewed. She had persistent low back pain. Her pain was 5/10 on the visual analog scale. Her pain was constant, dull and achy. She took Oxycontin 40mg every 6 hours and Norco 10/325mg 2 tablets every 4 hours. She was able to function with medications. She was able to do her home chores, cleaning, cooking, walking and preparing meals. Without medications, she was bedbound due to pain. Pertinent examination findings included antalgic gait, limited lumbar spine range of motion, normal lower extremity motor strength, intact sensation and clear speech. The diagnoses were as listed above. Her treatment plan included Oxycontin 40mg #100, Norco 10/325mg #300, Doxepin 50mg one to two tablets at bedtime for sleep and Topamax 25mg TID for neuropathy. She was recommended to be evaluated for functional restoration program to taper opioids. She reportedly had insomnia and depression. She was also doing home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request fore 1 prescription of Topamax 25mg #90 with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Topiramate Page(s): 21.

**Decision rationale:** The employee was a 62 year old female who had sustained an industrial injury on 03/16/1989. She was being treated for chronic low back pain secondary to lumbosacral degenerative disc disease, chronic right shoulder pain, status post right shoulder replacement, left sciatic pain, neuropathic pain, insomnia and opioid dependence. Her notes from July 23, 2014 was reviewed. She had persistent low back pain. Her pain was 5/10 on the visual analog scale. Her pain was constant, dull and achy. She took Oxycontin 40mg every 6 hours and Norco 10/325mg 2 tablets every 4 hours. She was able to function with medications. She was able to do her home chores, cleaning, cooking, walking and preparing meals. Without medications, she was bedbound due to pain. Pertinent examination findings included antalgic gait, limited lumbar spine range of motion, normal lower extremity motor strength, intact sensation and clear speech. The diagnoses were as listed above. Her treatment plan included Oxycontin 40mg #100, Norco 10/325mg #300, Doxepin 50mg one to two tablets at bedtime for sleep and Topamax 25mg TID for neuropathy. She was recommended to be evaluated for functional restoration program to taper opioids. She reportedly had insomnia and depression. She was also doing home exercise program. According to MTUS guidelines, 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. The employee had radiculopathy, but with normal sensation. The medical records fail to note that she had tried any other antiepileptic drugs for neuropathy prior to initiation of Topamax. Hence the request for Topamax is not medically necessary or appropriate.

**Prospective request for 1 functional restoration program evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional restoration programs Page(s): 49.

**Decision rationale:** The employee was a 62 year old female who had sustained an industrial injury on 03/16/1989. She was being treated for chronic low back pain secondary to lumbosacral degenerative disc disease, chronic right shoulder pain, status post right shoulder replacement, left sciatic pain, neuropathic pain, insomnia and opioid dependence. Her notes from July 23, 2014 was reviewed. She had persistent low back pain. Her pain was 5/10 on the visual analog scale. Her pain was constant, dull and achy. She took Oxycontin 40mg every 6 hours and Norco 10/325mg 2 tablets every 4 hours. She was able to function with medications. She was able to do her home chores, cleaning, cooking, walking and preparing meals. Without medications, she was bedbound due to pain. Pertinent examination findings included antalgic gait, limited lumbar spine range of motion, normal lower extremity motor strength, intact sensation and clear speech. The diagnoses were as listed above. Her treatment plan included Oxycontin 40mg #100, Norco 10/325mg #300, Doxepin 50mg one to two tablets at bedtime for sleep and Topamax 25mg TID for neuropathy. She was recommended to be evaluated for functional restoration program to

taper opioids. She reportedly had insomnia and depression. She was also doing home exercise program. The request was for functional restoration program evaluation. According to the Chronic Pain Medical Treatment guidelines, functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorder. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The employee had been on multiple medications and had significant amount of pain with limited functional improvement. She had failed conservative measures and continued to need higher doses of Opioids. The program was recommended to taper her opioids and improve her functional status. The request for functional restoration program evaluation is medically necessary and appropriate.

**Prospective request for 1 prescription of Norco 10/325mg #300 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid dosing Page(s): 86-87.

**Decision rationale:** The employee was a 62 year old female who had sustained an industrial injury on 03/16/1989. She was being treated for chronic low back pain secondary to lumbosacral degenerative disc disease, chronic right shoulder pain, status post right shoulder replacement, left sciatic pain, neuropathic pain, insomnia and opioid dependence. Her notes from July 23, 2014 was reviewed. She had persistent low back pain. Her pain was 5/10 on the visual analog scale. Her pain was constant, dull and achy. She took Oxycontin 40mg every 6 hours and Norco 10/325mg 2 tablets every 4 hours. She was able to function with medications. She was able to do her home chores, cleaning, cooking, walking and preparing meals. Without medications, she was bedbound due to pain. Pertinent examination findings included antalgic gait, limited lumbar spine range of motion, normal lower extremity motor strength, intact sensation and clear speech. The diagnoses were as listed above. Her treatment plan included Oxycontin 40mg #100, Norco 10/325mg #300, Doxepin 50mg one to two tablets at bedtime for sleep and Topamax 25mg TID for neuropathy. She was recommended to be evaluated for functional restoration program to taper opioids. She reportedly had insomnia and depression. She was also doing home exercise program. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Here the employee was not working. She had ongoing pain with documented improvement of functioning. But she was on higher doses of Opioids. She was getting 240 MEDs of opioids in the form of Oxycontin and Norco which is well above the recommended maximus MED dosing. Hence the request for Norco 10/325mg #100 is not medically necessary or appropriate.

**Prospective request for 1 prescription of Doxepin 50mg #60 with 5 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

**Decision rationale:** The employee was a 62 year old female who had sustained an industrial injury on 03/16/1989. She was being treated for chronic low back pain secondary to lumbosacral degenerative disc disease, chronic right shoulder pain, status post right shoulder replacement, left sciatic pain, neuropathic pain, insomnia and opioid dependence. Her notes from July 23, 2014 was reviewed. She had persistent low back pain. Her pain was 5/10 on the visual analog scale. Her pain was constant, dull and achy. She took Oxycontin 40mg every 6 hours and Norco 10/325mg 2 tablets every 4 hours. She was able to function with medications. She was able to do her home chores, cleaning, cooking, walking and preparing meals. Without medications, she was bedbound due to pain. Pertinent examination findings included antalgic gait, limited lumbar spine range of motion, normal lower extremity motor strength, intact sensation and clear speech. The diagnoses were as listed above. Her treatment plan included Oxycontin 40mg #100, Norco 10/325mg #300, Doxepin 50mg one to two tablets at bedtime for sleep and Topamax 25mg TID for neuropathy. She was recommended to be evaluated for functional restoration program to taper opioids. She reportedly had insomnia and depression. She was also doing home exercise program. Doxepin is a tricyclic antidepressant used for depression and insomnia. Tricyclics as a group are recommended as first line agents for depression. The employee had depression and insomnia. She was sleeping 5 to 6 hours with medications. The request for Doxepin is medically necessary and appropriate.