

<b>Case Number:</b>	CM14-0150576		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured male worker. The date of injury is December 13, 2012. The patient sustained an injury to the lumbar spine. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in low back that radiates down the left leg with associated numbness. The patient is maintained on the multimodal pain medication regimen including, Topiramate, Menthoderm and Bupropion. A request for Topiramate, Menthoderm and Bupropion was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 25mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AED).

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

**Decision rationale:** According to the MTUS, Topiramate 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). According to the documents available for review, the patient has none of the aforementioned MTUS approved indications for the use of this medication. Additionally there is no documentation of trials and failures of other first line anticonvulsants. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Menthoderm 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Bupropion 150mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (for Chronic Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin Page(s): 16.

**Decision rationale:** According to the MTUS, Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007). Bupropion is also useful for depression. According to the documents available for review, the patient does have a history of depression there is no documentation of functional improvement with the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.