

<b>Case Number:</b>	CM14-0181399		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Management and is licensed to practice in California . 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 records made available for review, this is a 57-year-old female with a 1/15/13 date of injury. At the time (10/6/14) of request for authorization for Tramadol /APAP 37.5/325mg #120 and Topiramate 50mg #90, there is documentation of subjective complaints are headache, moderate to severe low back pain, and bilateral hand pain with numbness. Objective findings include restricted cervical and lumbar spine range of motion. The current diagnosis includes carpel tunnel syndrome, thoracic/lumbosacral neuritis or radiculitis, and post-traumatic headache. The treatments to date are medications, including ongoing treatment with Topiramate and Tramadol. The 10/28/14 medical report identifies a pain contract on file. The medical report identifies that headache is less intense with Topiramate; and Tramadol helps improve activities of daily living such as sitting, walking, bending, lifting, and cooking. Regarding Topiramate 50mg #90, there is no documentation that anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Topiramate use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol /APAP 37.5/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and thoracic/lumbosacral neuritis or radiculitis. In addition, given documentation of a pain contract on file, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation of moderate to severe pain; and Tramadol used as a second-line option. Lastly, given documentation that Tramadol helps improve activities of daily living such as sitting, walking, bending, lifting, and cooking, there is documentation of functional benefit, and an increase in activity tolerance as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol /APAP 37.5/325mg #120 is medically necessary.

**Topiramate 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, thoracic/lumbosacral neuritis or radiculitis, and post-traumatic headache. In addition, there is documentation of neuropathic pain. However, there is no documentation that anticonvulsants have failed. In addition, despite documentation that headache is less intense with Topiramate; there is no documentation of

functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Topiramate use to date. Therefore, based on guidelines and a review of the evidence, the request for Topiramate 50mg #90 is not medically necessary.