

<b>Case Number:</b>	CM14-0201741		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 50 year old employee with date of injury of 8/28/07. Medical records indicate the patient is undergoing treatment for acute coccidioidomycosis pneumonia; coccidioidomycosis meningitis with residual headaches; chronic headache pain and chronic bone pain. Subjective complaints include headaches in the frontal and temporal region of his head. His headaches are described as constant and throbbing/aching. His pain level is 7-8//10 without medication and 5-6/10 with medication. His diffuse bone pain causes difficulty walking. Objective findings include sensation is intact to light touch in lower and upper extremities. His lower and upper extremity range of motion was slow but normal. His reflexes are 2/4 to brachioradialis, biceps, triceps, knees and ankles on the right and left sides. His upper extremity strength is 4/5 throughout but limited by bone pain. Lower bilateral extremity strength is 5/5. He has a negative Hoffman's and Palmonental sign bilaterally. Treatment has consisted of Fluconazole, Amphotericin and Norco. The utilization review determination was rendered on 12/2/14 recommending non-certification of Norco Tablets 10/325 mg every 8 hours as needed QTY:1.00, Opana ER 5mg every 12 hours and Topamax 25mg every 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Tablets 10/325 mg every 8 hours as needed QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, Hydrocodone/ACetaminophen (Norco). Decision based on Non-MTUS

Citation Occupational Medicine Practice Guidelines Plus, APG I Plus 2010, Chapter Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for chronic pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 325/10mg every 8 hours as needed is not medically necessary.

**Opana ER 5mg every 12 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, When to Discontinue Opioids, and Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Worker's Compensation Drug Formulary (updated 04/30/12)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids and Opana ER (Oxymorphones)

**Decision rationale:** ODG does not recommend the use of opioids for chronic pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. ODG additionally states "Not recommended. See Opioids for general guidelines, as well as specific Oxymorphone (Opana) listing for more information and references. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid,

pain relief, increased level of function, or improved quality of life. In addition, the patient is also taking Norco. As such, the request for Opana ER 5mg every 12 hours is not medically necessary.

**Topamax 25mg every 12 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug (AEDs) Page(s): 18-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax); Antiepileptic Drugs Page(s): 113; 21.

**Decision rationale:** Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Topamax 25mg every 12 hours is not medically necessary.