

<b>Case Number:</b>	CM14-0218898		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	04/27/1991
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old female who sustained an industrial injury on 4/27/1991. The diagnoses included cervicalgia, cervical spondylosis and degenerative disc disease and treatment to date has included medications and branch blocks. Currently, the injured worker complains of chronic neck and upper back pain with cervical muscle spasms rating the pain 8/10. The treating provider is requesting Topiramate 25mg #28 for neuropathic pain and hydrocodone/acetaminophen 10/325 #112 for generalized pain. On 12/24/2014 Utilization Review non-certified requests for Topiramate and modified the request for hydrocodone 10/325 from #112 to #84, noting the MTUS Chronic Pain Chapter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 25mg, #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Page(s): 16-22.

**Decision rationale:** Topiramate (Topamax) is an anticonvulsant (anti-epilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of postherpetic neuralgia and diabetic polyneuropathy. A response to anti-epileptic medication in controlling pain in patients with neuropathic pain has been defined as a 30-50% reduction in pain. Studies looking at the efficacy of topiramate on neuropathic pain has shown variable efficacy and the MTUS suggests it be considered for use when other anticonvulsants fail. For this patient there is no documentation available for review that shows that this patient's pain is consistent with neuropathic pain. Medical necessity for use of medication has not been established.

**Hydrocodone/acetaminophen 10/325mg, #112:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. There is no documentation in the records available for review that the present provider used first-line medications before starting opioid therapy, that the medication actually improves function (improves activities of daily living) nor that the provider is appropriately monitoring this patient for the safe use of opioids. Medical necessity for continued use of this medication has not been established.