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| <b>Case Number:</b>   | CM14-0218904 |                              |            |
| <b>Date Assigned:</b> | 01/08/2015   | <b>Date of Injury:</b>       | 03/09/2005 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <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: Texas, Illinois  
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 3/9/2005. The diagnoses include chronic low back pain with radicular pain into the legs, left greater than right due to chronic bilateral L5 radiculopathy and left S1 radiculopathy supported by electrodiagnostic study as well as physical exam and magnetic resonance imaging (MRI). Treatment to date has included pain medications and epidural injections. A Qualified Medical Examiner (QME) report from 11/28/2014 noted that the injured worker complained of low back pain with associated numbness, tingling, spasms and stiffness. Physical exam revealed tenderness across the paraspinal muscles and pain with facet loading. The injured worker had access to a back brace, hot and cold and a TENs unit. She was currently not working. The physician was requesting Topamax 50mg for neuropathic pain, Naproxen 550mg for inflammation, Tramadol ER 150mg for pain and Protonix 20mg for upset stomach. On 12/19/2014, Utilization Review (UR) non-certified a request for Topamax 50mg, noting that there was no clear documentation of true neuropathic pain and the injured worker had used this medication in the past with no alteration in the complaint of radiating pain. UR non-certified a request for Tramadol ER 150mg noting that the doctor had not documented the presence of continuous moderate to severe pain or the presence of a narcotic contract or urine drug screen. UR non-certified a request for Naproxen 550mg, noting that non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief. UR also non-certified a request for Protonix 20mg, noting that there was no documentation of the injured worker having or being at risk for significant gastrointestinal disease. The MTUS and ACOEM Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Topamax 50mg, #60 (DOS: 11/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** The injured worker sustained a work related injury on 3/9/2005. The medical records provided indicate the diagnosis of chronic low back pain with radicular pain into the legs, left greater than right due to chronic bilateral L5 radiculopathy and left S1 radiculopathy supported by electrodiagnostic study as well as physical exam and magnetic resonance imaging (MRI). Treatment to date has included pain medications and epidural injections. The medical records provided for review do not indicate a medical necessity for Topamax 50mg, #60 (DOS: 11/28/14). The MTUS recommends the anti-epileptics for treatment for neuropathic pain. For continued treatment with any member of this group, the MTUS recommends 30% improvement following treatment. The MTUS states that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology, though is still considered for use for neuropathic pain when other anti-consultants fail. Considering that the injured worker is reported to have used this medication in the past, but there was no documentation of to 30% benefit, neither was there a documentation of failed treatment with other anti-epileptics before introduction of Topiramate, the requested treatment is not medically necessary appropriate.

### **Retrospective Tramadol ER 150mg, #30 (DOS: 11/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 94.

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

**Decision rationale:** The injured worker sustained a work related injury on 3/9/2005. The medical records provided indicate the diagnosis of chronic low back pain with radicular pain into the legs, left greater than right due to chronic bilateral L5 radiculopathy and left S1 radiculopathy supported by electrodiagnostic study as well as physical exam and magnetic resonance imaging (MRI). Treatment to date has included pain medications and epidural injections. The medical records provided for review do not indicate a medical necessity for Retrospective Tramadol ER 150mg, #30 (DOS: 11/28/14). Whereas the MTUS recommends the opioids for moderate to severe pain, the document reviewed did not state the severity of the pain. Also, request does not follow the MTUS recommended guideline for therapeutic Trial of Opioids which include

establishing a treatment plan, documentation of failed a trial of non-opioid analgesics, setting goals, physical and psychological assessment, opioid contracts. The requested treatment is not medically necessary and appropriate.

**Retrospective Naproxen 550mg, #60 (DOS: 11/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 and 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The injured worker sustained a work related injury on 3/9/2005. The medical records provided indicate the diagnosis of chronic low back pain with radicular pain into the legs, left greater than right due to chronic bilateral L5 radiculopathy and left S1 radiculopathy supported by electrodiagnostic study as well as physical exam and magnetic resonance imaging (MRI). Treatment to date has included pain medications and epidural injections. The medical records provided for review do not indicate a medical necessity for retrospective Naproxen 550mg, #60 (DOS: 11/28/14). Naproxen is a Non-steroidal anti-inflammatory drug taken twice daily. The documents submitted for review does not indicate the injured worker had been on this medication prior to this visit.

**Retrospective Protonix 20mg, #60 (DOS: 11/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 3/9/2005. The medical records provided indicate the diagnosis of chronic low back pain with radicular pain into the legs, left greater than right due to chronic bilateral L5 radiculopathy and left S1 radiculopathy supported by electrodiagnostic study as well as physical exam and magnetic resonance imaging (MRI). Treatment to date has included pain medications and epidural injections. The medical records provided for review do not indicate a medical necessity for Retrospective Protonix 20mg, #60 (DOS: 11/28/14). The MTUS recommends the use of proton pump inhibitors in individuals with gastrointestinal risk factors who are on treatment with Non-steroidal anti-inflammatory drugs. The gastrointestinal risk factors include: age > 65 years; history of peptic ulcer, Gastrointestinal I bleeding or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID and low-dose Aspirin. The requested treatment is not medically necessary because the records provided do not indicate the injured worker has any of these risk factors.