

<b>Case Number:</b>	CM15-0126784		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/18/2004
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 52 year old female injured worker suffered an industrial injury on 12/18/2004. The diagnoses included sarcoidosis, lumbar disc displacement without myelopathy, pain in the joint, pelvis and pain in the joint, shoulder. The diagnostics included electromyographic studies of the bilateral lower extremities, right hip magnetic resonance imaging, lumbar magnetic resonance imaging, and bone scan. The injured worker had been treated with medications, spinal cord stimulator trial, lumbar epidural steroid injections and facet injections. On 5/27/2015 the treating provider reported for follow up for low back pain with radiation into both lower extremities along with pain in the right hip. She reported continued pain relief with the use of Morphine Sulfate ER with 60% reductions in her back pain that was rated 4/10 and without medications rated 9 to 10/10. She denied any side effects. She reported the pain relief lasts all day. She reported that there was improvement in tolerance for walking and standing and can walk more quickly. She was able to do self-care activities including cooking for herself, bathing, dressing and toileting. On exam there was restricted lumbar range of motion, spasms with guarding with tenderness. The straight leg raise was positive. The right hip had capsular tightness with decreased range of motion. She had been able to discontinue the use of any breakthrough pain medications completely with the use of Morphine at this dose. On 6/24/2015, the treating provided reported that the lower back pain radiated to the bilateral lower extremities described as radicular symptoms with numbness and tingling along the anterior portion of the right leg. She used a walker for mobility. The provider noted that the Topamax helped to decrease the

numbness sensation in the right leg. The injured worker had not returned to work. The treatment plan included Morphine Sulfate ER 60 mg #90 and Topamax 50 mg #60 with 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine Sulfate ER 60 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to the ODG and MTUS, Morphine sulfate ER (Kadian) is an opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Topamax 50 mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Topiramate (Topamax) is an anti-convulsant (anti-epilepsy) drug (AED). According to the CA MTUS and the ODG, AED's are recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for

painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. The guidelines cite the role of AEDs in the management of non-acute pain and chronic conditions such as, polyneuropathy, post-herpetic neuralgia, central pain, spinal cord injury, postoperative pain, migraine headaches, and chronic non-specific axial low back. 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 anti-convulsants fail. In this case, there is no documentation of evidence of improvement with its previous use. Medical necessity for Topiramate has not been established. The requested medication is not medically necessary.