

<b>Case Number:</b>	CM15-0128764		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP), depression, anxiety, spondylolisthesis, and alleged complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of May 29, 2009. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for Norco, Topamax, Desyrel, and Percocet. The claims administrator referenced office visits of June 23, 2015 and June 4, 2015 in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of low back pain, 6- 8/10. The applicant stated she had recently been in the emergency department owing to a reported flare in pain. The applicant was on Percocet twice daily, Topamax, and Desyrel, it was reported. The applicant was still smoking, it was noted. The attending provider posited that the applicant's medications, including Percocet, ameliorated her ability to perform unspecified household chores and participate in her children's lives. This was not elaborated upon. It was stated that Topamax was being employed for leg pain and sleep. The attending provider stated that the applicant was using Desyrel for issues with mood disturbance, sleep disturbance, and chronic pain. The applicant was asked to titrate Desyrel upward. The attending provider then stated that the applicant could not walk more than a block or negotiate stairs without her medications. The applicant's work status was not clearly detailed, although the applicant did not appear to be working. On March 10, 2015, the applicant again reported ongoing complaints of low back pain radiating into the right leg. 5-7/10 pain complaints were reported. The applicant was asked to continue Topamax for leg pain and sleep. The applicant was using Percocet at a rate of three times daily, it was reported. The attending provider again

stated that the applicant's ability to walk, perform household chores, and walk had been ameliorated as a result of ongoing Percocet usage. The attending provider then stated that Desyrel had, to some extent, ameliorated the applicant's issues with mood disturbance, sleep disturbance, and pain. The attending provider also stated that the applicant was using Nuvigil for alertness, suggested in another section of the note. In an applicant questionnaire dated January 6, 2015, the applicant stated that her medications, including Percocet, Topamax, and trazodone, had not been working over the preceding seven days. 10/10 pain complaints were reported. In a December 31, 2015 emergency department note, the applicant presented with a flare of low back pain status post earlier failed lumbar laminectomy surgery. The applicant was given Flexeril and Norco in the emergency department for her acute flare of chronic low back pain. On June 4, 2015, the applicant reported ongoing complaints of low back pain status post single-level lumbar fusion surgery. 8/10 pain complaints were noted. The applicant was using both Percocet and Norco for pain relief, it was suggested. Epidurals had provided only transient relief. The applicant continued to smoke, it was reported. The applicant was on Percocet, Desyrel, and Topamax, it was stated in the current medications section of the note. CT imaging of the lumbar spine was sought to evaluate for hardware failure versus pseudoarthrosis. The applicant was asked to try and cease smoking. The applicant was described as off work. The applicant had failed to return to her former occupation as a cook, it was reported.

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

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

**Hydrocodone 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider failed to set forth a clear or compelling rationale for concomitant usage of two separate short-acting opioids, Norco and Percocet. Therefore, the request was not medically necessary.

**Topamax 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 21; 7.

**Decision rationale:** Similarly, the request for Topamax, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topamax is considered for use for neuropathic pain in applicants in whom other anticonvulsants fail, here, however, there was no explicit mention of the applicant's having tried and/or failed first-line anticonvulsant adjuvant medications such as Neurontin or Lyrica prior to introduction, selection, and/or ongoing usage of Topamax. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off work; it was reported on June 4, 2015, despite ongoing usage of Topamax. Ongoing usage of Topamax failed to curtail the applicant's dependence on opioid agents such as Norco and Percocet. The applicant continued to report pain complaints as high as 8/10, it was noted on June 4, 2015, despite ongoing usage of Topamax. The applicant continued to report difficulty-performing activities of daily living as basic as standing and walking, it was noted on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Topamax. Therefore, the request was not medically necessary.

**Trazodone 150mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Conversely, the request for trazodone (Desyrel), an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone (AKA Desyrel) may be helpful to alleviate symptoms of depression, as were/are present here. Multiple progress notes, referenced above, including a progress note of January 6, 2015, did suggest that the applicant was deriving some [admittedly incomplete] augmentation in mood and sleep as a result ongoing trazodone (Desyrel) usage. Continuing the same, on balance, was indicated, given the reports of an augmentation in mood affected because of ongoing trazodone usage. Therefore, the request was medically necessary.

**Oxycodone 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for oxycodone-acetaminophen (Percocet), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant reported pain complaints as high as 8/10 on June 4, 2015, despite ongoing Percocet usage. The applicant reported difficulty-performing activities of daily living as basic as standing and walking, it was further noted on that date. The applicant had failed to return to work as a cook, it was noted on June 4, 2015. It did not appear that the applicant would return to work in any other capacity. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit with ongoing Percocet usage and did not, in short, make a compelling case for continuation of the same. Therefore, the request was not medically necessary.