

<b>Case Number:</b>	CM15-0160298		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	08/28/2004
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 29 year old male, who sustained an industrial injury on 08-28-2004. He has reported subsequent left knee and lower extremity pain and was diagnosed with crushing injury of the knee and lower leg and chronic pain due to trauma. Treatment to date has included pain medication including opioid, anti-epileptic and non-steroidal anti-inflammatory drugs (NSAID's) which were noted to have failed to significantly relieve the pain. Documentation shows that Neurontin was prescribed since at least 01-06-2015. It's unclear as to when Topamax was started but it was not mentioned as being a prescribed medication in progress notes from 01-06-2015 to 04-29-2015. In a 04-29-2015 progress note the injured worker reported ongoing left leg and knee pain with intermittent swelling with no acute change in condition. Pain was rated as 7.5 out of 10 and that medications allowed him to continue to work and that he had better function. Objective findings showed wide based gait, morbid obesity, medial malalignment of the left knee, quadriceps atrophy, medial leg-thigh defect with distorted muscle growth pattern and scarring, decreased range of motion, tenderness to palpation over the medial joint line, patella and quadriceps and severe soft tissue deformity. Opioid, NSAID and anti-epileptic medication was continued and a trial of Norco was added for severe breakthrough pain. In a progress note dated 07-29-2015, the injured worker reported ongoing left leg and knee pain that was rated as 5-6 out of 10 with intermittent swelling and burning and tingling in the left lower extremity below the knee with more numbness and tingling since Gabapentin was decreased. The injured worker was noted to have some weight loss with Topamax. The injured worker reported that he was tolerating Neurontin well and that medications allowed him to continue to work and

improved function. Objective examination findings revealed wide-based gait, morbid obesity, medial malalignment of the left knee, quadriceps atrophy, medial leg-thigh defect with distorted muscle growth pattern and scarring, decreased range of motion, tenderness to palpation over the medial joint line, patella and quadriceps and severe soft tissue deformity. Work status was documented as full duty. The physician noted that given the injured worker's increased numbness and tingling, Gabapentin would be increased back to 3-4 per night and that Topamax would be continued for sleep and nerve pain. A request for authorization of 120 Neurontin 600 mg and 60 Topamax 100 mg was submitted. As per the 08-11-2015 utilization review, the request for Neurontin was modified to certification of 45 Neurontin 600 mg between 7-29-2015 and 10-09-2015 and the request for Topamax was non-certified.

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

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

#### **120 Neurontin 600mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** 120 Neurontin 600mg is medically necessary per the MTUS Guidelines. Neurontin is considered first line treatment for neuropathic pain per the MTUS. The documentation indicates that the patient has numbness/tingling and this has increased since decreasing the Neurontin dose. The guidelines state that after initiation of antiepileptics such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The patient has tolerated Neurontin well and is working full time. It would be appropriate and medically necessary to certify the request for Neurontin in this patient with neuropathic symptoms therefore this request is medically necessary.

#### **60 Topamax 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Insomnia treatment.

**Decision rationale:** 60 Topamax 100mg is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that Topamax is still considered for use for neuropathic pain when other anticonvulsants fail. The documentation states that the patient is taking Topamax to help with sleep as well as nerve pain but he still feels numbness and tingling therefore Gabapentin was increased back to 3-4 pills at night. The documentation is not clear that

Topamax has aided in significant improvement in function or symptoms. Additionally, the documentation is not clear that the patient has failed Gabapentin completely at this point. Furthermore, the ODG does not state that Topamax is a recommended insomnia medication treatment and a progress note dated 7/29/15 states that the patient is sleeping well on just Gabapentin. For all of these reasons Topamax is not medically necessary.