

<b>Case Number:</b>	CM15-0173517		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old female, who sustained an industrial injury on 8-1-2012. The medical records indicate that the injured worker is undergoing treatment for discogenic lumbar condition, left hip joint inflammation, and weight gain secondary to chronic pain and inactivity with elements of sleep, depression, stress, and diarrhea. According to the progress report dated 8-3-2015, the injured worker complains of low back pain with radiation into the left buttocks and down the left lower extremity. She notes sharp pain along the left groin. The level of pain is not rated. In addition, she reports anxiety, insomnia, diarrhea, emotional distress, and depression. The physical examination reveals flexion 15 degrees, extension 5 degrees, tilting to the right is 10 degrees and 15 degrees to the left. Neurologically, reflexes are absent at the knees and 2 plus at the ankles. Hip flexion is 90 degrees, abduction 25 degrees, internal rotation 20 degrees, and external rotation 70 degrees. Treatment to date has included medication management, back brace, hot and cold wrap, MRI studies, TENS unit, electrodiagnostic testing, trigger point injection to the lumbar spine, and left hip injection. Work status is described as not currently working. The original utilization review (8-14-2015) had non-certified a request for Trazodone and Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg Qty 60: 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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Trazodone Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in August 2012 and is being treated for low back pain with radiating left lower extremity symptoms after slipping and falling while working as a cleaner. In June 2015 medications included gabapentin at a dose of 1800 mg per day. When seen, there was decreased lumbar range of motion. Her BMI was over 37. Gabapentin was discontinued and Topamax and Trazodone were prescribed. Trazodone is an antidepressant medication. This class of medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant has radiating pain consistent with a diagnosis of neuropathic pain as well as chronic low back pain. However, the recommended starting dose is 150 mg in divided doses daily. In this case, the dose being prescribed is below that recommended for an adult patient. Topamax was also prescribed and guidelines recommend that when prescribing medications only one medication should be given at a time. This medication is not medically necessary.

**Topamax 50 mg Qty 60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Antiepilepsy drugs (AEDs) for pain.

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

**Decision rationale:** The claimant sustained a work injury in August 2012 and is being treated for low back pain with radiating left lower extremity symptoms after slipping and falling while working as a cleaner. In June 2015 medications included gabapentin at a dose of 1800 mg per day. When seen, there was decreased lumbar range of motion. Her BMI was over 37. Gabapentin was discontinued and Topamax and Trazodone were prescribed. Antiepilepsy drugs (anti-convulsants) are recommended for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The dose being prescribed is within recommended guidelines. An adequate trial of gabapentin is documented and that medication was not being continued. The request is medically necessary.