

<b>Case Number:</b>	CM15-0068463		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/19/2003
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 49-year-old female who sustained an industrial injury on 09/19/03. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, aqua therapy, acupuncture, and physical therapy. Diagnostic studies include MRI of the lumbar spine and nerve conduction studies. The patient has had EMG study on 8/27/14 that revealed bilateral L5 radiculitis. The patient has had CT scan of brain that was unremarkable. Current complaints include bilateral low back pain with radiation at 6/10. Current diagnoses include chronic low back pain and seizure disorder. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation and normal strength and sensation. In a progress note dated 03/19/15 the treating provider reports the plan of care as continued medications including Keppra, gabapentin, Klonopin, exercise program, and neurology consultation. The requested treatments are Keppra, Neurontin, and Klonopin. The patient has had history of last seizure about a year ago. Patient has received an unspecified number of aquatic and acupuncture visits for this injury. The medication list include Keppra, Neurontin, Ibuprofen, Topamax, Norco and Klonopin. The patient has had history of frequent tonic clonic seizures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keppra 100 mg, sixty count with three refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain (updated 04/30/15) Anti-epilepsy drugs (AEDs) for pain Thompson Micromedex-FDA Labeled indications; Drug- Levetiracetam.

**Decision rationale:** Request: Keppra 100 mg, sixty count with three refills. As per cited guideline, "Levetiracetam (Keppra, generic available), Zonisamide (Zonegran, generic available), and Tiagabine (Gabitril, no generic), are among the antiepileptic drugs (AEDs) most recently approved, while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007). In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. (Guay, 2003) In addition, underlying depression and anxiety symptoms may be exacerbated by levetiracetam. (Ettinger, 2007) According to the latest high quality study, there is no evidence that levetiracetam is effective in reducing neuropathic pain, and it is associated with an increase in adverse events. The FDA labeled indications of medication Levetiracetam include Myoclonic seizure; and Partial seizure; and Tonic-clonic seizure, Primary generalized. Current diagnoses include chronic low back pain and seizure disorder. The patient has had history of last seizure about a year ago. The patient has had history of frequent tonic clonic seizures. The patient has had EMG study on 8/27/14 that revealed bilateral L5 radiculitis. Current complaints include bilateral low back pain with radiation at 6/10. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation. The patient has chronic pain with a neuropathic component in addition to seizure. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like Keppra are medically appropriate and necessary in this patient. The cited guidelines support the use of Keppra 100 mg, sixty count with three refills in patients with this clinical situation therefore the request is deemed medically necessary.

**Neurontin 800 mg, ninety count with three refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** Neurontin 800 mg, ninety count with three refills. According to the CA MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with

statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. Current diagnoses include chronic low back pain and seizure disorder. The patient has had history of last seizure about a year ago. The patient has had history of frequent tonic clonic seizures. The patient has had EMG study on 8/27/14 that revealed bilateral L5 radiculitis. Current complaints include bilateral low back pain with radiation at 6/10. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 800 mg, ninety count with three refills in patients with this clinical situation therefore the request is deemed medically necessary.

**Klonopin 2 mg, sixty count with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Klonopin 2 mg, sixty count with three refills. Clonazepam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Klonopin 2 mg, sixty count with three refills is not fully established in this patient.