

<b>Case Number:</b>	CM13-0030497		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/13/2001
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is 49-years-old. The office note dated 07/18/2013 indicated the patient had complaints of pain in the bilateral legs. The patient found Tylenol with codeine and Cymbalta to be helpful with the pain. The notes indicate the pain was rated 0 to 5 out of ten without medications and 0 to 3 with medications. The patient was able to walk less than a mile, sleeps 4 hours a night, complains of depression, and denies gastritis and constipation. Upon examination the patient had tenderness at bilateral paravertebral muscles and bilateral quadratus lumborum. The noted diagnosis was post laminectomy syndrome of the lumbar region. The noted treatment plan was to continue Tylenol with codeine and Cymbalta; and to start Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol with Codine No. 4, 90 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 89, 90 & 94.

**Decision rationale:** The request for Tylenol with Codeine #4 # 90 X 2 months is non-certified. The patient had complaints of back and leg pain and Tylenol with codeine was helpful. The

notes provided indicate the pain was rated 0 to 5 out of ten without medications and 0 to 3 with medications. The patient was able to walk less than a mile, sleeps 4 hours a night, complains of depression, and denies gastritis and constipation. The Chronic Pain Medical Treatment Guidelines states that, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation provided established the pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. However, the Chronic Pain Medical Treatment Guidelines recommends a pain agreement, random urine toxicology screens, and a risk assessment profile for patients when opioids are part of the treatment plan. The records provided failed to show evidence of a pain agreement, random urine toxicology screens, and a risk assessment profile. The request for Tylenol with Codine No. 4, 90 count, is not medically necessary or appropriate.

**Topamax 25 mg, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16.

**Decision rationale:** The request for Topamax 25 mg #120 is non-certified. The Chronic Pain Medical Treatment Guidelines guidelines indicate that Antiepilepsy drugs (AEDs) are recommended for neuropathic pain. The clinical documentation submitted for review indicated that the patient was taking Cymbalta and had recently decreased it and discontinued Lyrica. The results were that the patient had worse leg and back pain. The patient reported that the pain was the same as the last appointment. The patient had neuropathic pain, however, there was a lack of documented rationale for 120 tablets as the patient was noted to have just started the medication. The request for Topamax 25 mg, 120 count, is not medically necessary or appropriate.