

<b>Case Number:</b>	CM13-0033251		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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-year-old female who reported an injury on 03/09/2010 after picking up files, which caused an injury to her low back. The patient ultimately underwent a 2 level disc replacement at the L4-5 and L5-S1 in 05/2011. The patient developed persistent pain postsurgically that was treated with epidural steroid injections, physical therapy, aquatic therapy, and multiple medications. The patient is monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed pain rated at an 8/10 with medications and 10/10 without medications. The patient's medications included Topamax 50 mg, Lunesta 3 mg, amitriptyline hydrochloride 25 mg, Dilaudid 2 mg, Norco 10/325 mg, Robaxin 750 mg, and Maxalt 10 mg. The patient's physical examination findings included limited range of motion secondary to pain, positive facet loading on the left side, positive straight leg raising test on the right side, decreased sensation in the L4-5 dermatomes, and diminished lower extremity reflexes. The patient's diagnoses included lumbar facet syndrome, spinal/lumbar degenerative disc disease, low back pain, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax, 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 60.

**Decision rationale:** The requested Topamax 50 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends medications used in management of a patient's chronic pain be supported by significant pain relief and functional benefit. The clinical documentation submitted for review does provide evidence that the patient only has reduced pain levels from a 10/10 to an 8/10. The clinical documentation does not clearly identify how this level of pain allows for increased functional benefit. As such, the requested Topamax 50 mg is not medically necessary or appropriate.

**Robaxin, 750mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** The requested Robaxin 750 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for an extended duration. Medications are used primarily for acute exacerbation of chronic pain. The clinical documentation submitted for review does not provide any evidence that the patient's current pain levels are related to an acute exacerbation. Therefore, continued use of this medication would not be indicated. As such, the requested Robaxin 750 mg is not medically necessary or appropriate.

**A consultation with a spine surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 303-305.

**Decision rationale:** The request for a consultation with a spine surgeon is not medically necessary or appropriate. The clinical documentation submitted for review does not clearly identify that the patient is a surgical candidate, as all lesser treatments have not been attempted. The need for surgical intervention cannot be clearly identified. Therefore, the decision for a consultation with a spine surgeon is not medically necessary or appropriate.

**A urine drug screen done on 09/24/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** The requested urine drug screen done on 09/24/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is taking medications that would need to be monitored for aberrant behavior. However, the clinical documentation does not provide any indication of a risk assessment to establish the frequency and duration of a urine drug screen. Additionally, the California Medical Treatment Utilization Schedule recommends urine drug screening when there is suspicion of illicit drug use or inappropriate use of medications. The clinical documentation submitted for review does not provide any evidence that the patient is inappropriately using her medications, nor has symptoms that would provide suspicion of illicit drug use. Therefore, the urine drug screen done on 09/24/2013 would not be medically necessary or appropriate.