

<b>Case Number:</b>	CM13-0047453		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Internal Medicine , has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 a 54-year-old female who reported a work-related injury on 01/29/2010, specific mechanism of injury not stated. The patient subsequently presents for treatment of the following diagnoses, lumbar radiculitis, left greater than right at L5-S1, cervical radiculitis, left greater than right at C6-7, myofascial pain syndrome, chronic pain syndrome, facet arthropathy, right greater than left at L4-5 and L5-S1, and acute and chronic low back pain. The clinical note dated 12/09/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient utilizes Percocet 10/325 mg 1 by mouth twice a day, Pamelor 50 mg at bedtime and Topamax 25 mg 1 to 2 tabs by mouth daily. The patient reported medications do help decrease her pain and increase function. The patient has additionally utilized Robaxin for spasms and Cymbalta 30 mg by mouth daily. The patient reports continued cervical spine and lumbar spine pain complaints. The provider documented previous urine drug screen dated 05/21/2013 was negative for opiates; however, the patient had reported she had not utilized the medication in 3 to 4 days. The provider documented upon physical exam of the patient, decreased range of motion in all planes was noted about the cervical and lumbar spine with tenderness upon palpation along the cervical and lumbar paravertebral musculature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, #70:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request is not supported. California MTUS indicates "4 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 non-adherent) 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 behavior). 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 clinical documentation submitted for review reported the patient rated her current average rate of pain at an 8/10 to 9/10 on a pain scale. The provider documented the patient utilizes Percocet 10/325 mg 1 to 2 tabs by mouth daily. Given the lack of documentation evidencing objective functional improvements as well as a decrease in the rate of pain on a VAS as a result of the patient's chronic use of this medication, the request for Percocet 10/325 mg for pain, #70 is not medically necessary or appropriate.

**Topamax 25mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The Physician Reviewer's decision rationale: The current request is not supported. California MTUS indicates topiramate has been shown to have variable efficacy with failure to demonstrate efficacy and neuropathic pain and central etiology. The provider documents the patient utilizes this medication for headaches. However, documentation of duration, frequency and previous treatment for the patient's headaches were not stated. The clinical notes document the patient reports her average rate of pain at an 8/10 to 9/10. Documentation of clear objective evidence of the patient's reports of positive efficacy with her medication regimen was lacking, as there was not a notable decrease in rate of pain on a VAS or increase in objective functionality. Given all of the above, the request for Topamax 25 mg for headaches, #60 is not medically necessary or appropriate.