

<b>Case Number:</b>	CM13-0059597		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/12/2004
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 a 51-year-old male who reported an injury on 10/12/2004 after he lifted a box which caused injury to his low back. The patient's treatment history included medications, physical therapy, a home exercise program, and activity modifications. The patient underwent medial branch blocks that did provide pain relief. The patient's medication schedule included buspirone, carisoprodol, fentanyl, Nucynta, and Topiragen. The patient was monitored with aberrant behavior with urine drug screens. The patient's most recent clinical findings document that the patient had 8/10 pain and consistent medical presentation with lumbar facetal pain on the left side. The patient's diagnoses included low back pain, lumbosacral radiculopathy, lumbar spinal stenosis, chronic pain, trochanteric bursitis, and hip pain. The patient's treatment plan included continuation of medications, medial branch blocks to assess the patient's response in preparation for radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Guidelines recommend that the use of opioids in the management of a patient's chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence of compliance to the patient's medication schedule. The clinical documentation submitted for review provides evidence that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation supports that the patient has consistent pain from a 7/10 to 8/10. There is no documentation of pain relief as a result of medication usage. Additionally, there is no documentation of significant functional benefit as a result of medication usage. Therefore, continued use would not be supported. As such, the requested Nucynta 100 mg #120 is not medically necessary or appropriate.

**Topamax 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antiepilepsy drugs (AEDs) Page(s): 60.

**Decision rationale:** The Chronic Pain Guidelines recommend the use of anticonvulsants as a first-line treatment in the management of chronic pain. However, the guidelines recommend that the continued use of medications in the management of chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review consistently provides evidence that the patient has 7/10 to 8/10 pain. There is no documentation of pain relief resulting from medication usage. Additionally, there is no documentation that the patient has any functional benefit related to medication usage. As such, the requested Topamax 50 mg #60 is not medically necessary or appropriate.