

<b>Case Number:</b>	CM14-0015164		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/02/2003
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in 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 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/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 injured worker is a 47 year old male who is reported to have sustained work related injuries on 06/02/03. The submitted clinical records indicate that the injured worker developed low back pain as the result of repetitively and rapidly lifting boxes of berries. Records indicate that he received conservative management but was ultimately taken to surgery on 06/14/03 and underwent a subsequent 2nd surgery on 09/03/03. The records suggest the injured worker underwent a discectomy with a subsequent revision procedure. Records indicate that the injured worker has chronic low back pain with radiation into the lower extremities. Electrodiagnostic studies were reported to show a right L5 radiculopathy and left S1 radiculopathy. Records indicate that the injured worker has essentially been maintained on oral medications, interventional procedures, and supportive behavioral health treatments. The records indicate that the injured worker has intractable low back pain. The record includes an MRI of the lumbar spine dated 07/10/13. This study notes a prior right L5 laminotomy with a small recurrent disc protrusion in the right paracentral region which is abutting and minimally displacing the posterior right S1 nerve root. At L4-5, there is a left paracentral disc protrusion centered at the left lateral recess causing moderate left neuroforaminal narrowing. At L2-3, there is a left paracentral disc protrusion. Current medications include Cymbalta 20mg, Diazepam 5mg, Mirtazapine 30mg, Topamax 100mg, Norco 10/325mg, and MS Contin 15mg. The record includes a utilization review request dated 01/30/14 in which requests for Norco 10/325mg #180 and Topamax 50mg #60 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): page(s) 74-80..

**Decision rationale:** The request for Norco 10/325mg #180 is not supported by the submitted clinical information. The available clinical records indicate that the injured worker has intractable low back pain secondary to a failed back surgery syndrome. He is noted to have significant pain radiating into the lower extremity validated by physical examination. The record does not contain any data establishing that the injured worker has a signed pain management contract or that routine compliance testing is performed. In addition to this, the record does not provide definitive data establishing functional improvements with the continued use of this oral medication. As such, the request would not meet CA MTUS for continued use.

**TOPAMAX 50MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Medication Page(s): 16-22.

**Decision rationale:** The request for Topamax 50mg, #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome with resultant residual neuropathic pain. The record indicates that the injured worker has had benefit and reduction of pain levels as a result of the use of Topamax to address primarily his neuropathic pain. As such, the request would meet criteria and is therefore recommended as medically necessary.