

<b>Case Number:</b>	CM14-0175188		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/04/1999
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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, has a subspecialty in Pain Medicine 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 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:

This is a male patient with a date of injury of November 4, 1999. A utilization review determination dated September 24, 2014 recommends non-certification of MS Contin 30 mg ER with modification to #30, and Topamax 100 mg. Dilaudid 2 mg was certified. A progress note dated August 19, 2014 identifies subjective complaints of chronic intractable ongoing back pain and knee pain, decreased level of activity secondary to increased pain, and reports 50% relief on current regimen. The patient reports no adverse effects from medications and the patient is in compliance. Physical examination identifies tenderness of lower back paravertebral muscles, paraspinal spasm, straight leg raising test positive on the right at 60, and the patient ambulates with a noticeable limp favoring affected side and uses a cane. Diagnoses include low back pain, lumbar degenerative disc disease, chronic pain syndrome, and joint pain. The treatment plan recommends continue with Dilaudid 2 mg, continue with MS Contin 30 mg ER, continue with Topamax 100mg, recommend continuation with outdoor activities, and weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of MS Contin 30mg ER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for MS Contin 30mg ER, California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. Unfortunately, there is no indication that the MS Contin is improving the patient's function. As such, the currently requested MS Contin 30mg ER is not medically necessary.

**1 prescription of Topamax 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-21.

**Decision rationale:** Regarding request for Topamax 100mg, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is indication that the medication is improving the patient's pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. Unfortunately, there is no indication that the Topamax is improving the patient's function. As such, the currently requested Topamax 100mg is not medically necessary.

**1 prescription of Dilaudid 2mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Dilaudid 2mg, California Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to

recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. Unfortunately, there is no indication that the Dilaudid is improving the patient's function. As such, the currently requested Dilaudid 2mg is not medically necessary.