

<b>Case Number:</b>	CM14-0091840		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/14/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 and Washington. 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 54-year-old male who reported an injury on 07/14/2008. The mechanism of injury was not provided in the medical records. The clinical note dated 05/21/2014 indicated diagnoses of low back pain, lumbar radicular pain syndrome, probable disc herniation, extruded disc fragment directed to the right side at L3-4, positive discogram at L3-4 level with concordant pain. The injured worker reported his medications were not working all of the time. The injured worker reported he still needed his medication however, the injured worker reported he felt that he should increase his dose, strength, or frequency of his medication. The injured worker reported his condition was getting worse. The injured worker reported pain in his lower back and legs that had gotten worse since the last visit. The injured worker reported before taking pain medications his pain level is 9/10 and after taking medications it is 4/10. The injured worker reported 20 to 30 minutes after taking medication, he received improvement in pain and the improvement lasted 2 to 4 hours. The injured worker reported his pain was improved with medication, rest, sitting, sleeping, and the Zynex machine. The injured worker's treatment plan included pain management authorization. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Vicoprofen, Topamax, and baclofen. The provider submitted a request for Vicoprofen, baclofen and Topamax. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/00 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92.

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

**Decision rationale:** The request for Vicoprofen 7.5/00 mg Qty 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has reported he feels that he should increase his dose, strength, or frequency of his medication and his medications do not work all of the time. There is no indication that the use of Vicoprofen has resulted in diminished pain levels or functional improvement. In addition, it was not indicated how long the injured worker had been utilizing Vicoprofen. Furthermore, the request does not indicate a frequency. Therefore, the request for Vicoprofen is not medically necessary.

**Baclofen 10mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer Page(s): 63-64.

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

**Decision rationale:** The request for Baclofen 10mg Qty 90 is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has reported he feels that he should increase his dose, strength, or frequency of his medication and his medications do not work all of the time. There is no indication that the use of baclofen has resulted in diminished pain levels or functional improvement. In addition, it was not indicated how long the injured worker had been utilizing baclofen. Furthermore, the request does not indicate a frequency. Therefore, the request for baclofen is not medically necessary.

**Topamax 50mg Qty 60:** Upheld

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

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

**Decision rationale:** The request for Topamax 50mg Qty 60 is not medically necessary. The California MTUS guidelines indicate that Topiramate is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered for the treatment of neuropathic pain. It was not indicated the injured worker had tried and failed a first line option. In addition, the injured worker has reported that his medications do not work all of the time and he feels that he should increase his dose, strength, or frequency of his medication. There is no indication that the use of Topamax has resulted in diminished pain levels or functional improvement. Furthermore, the request does not indicate a frequency. Therefore, the request for Topamax is not medically necessary.