

<b>Case Number:</b>	CM15-0199488		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/13/1998
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 sustained an industrial injury on 5-31-98. The injured worker was diagnosed as having lumbar radiculopathy, post lumbar laminectomy syndrome and lumbar fusion. Subjective findings (4-1-15, 4-29-15) indicated low back pain that radiated to the right lower extremity with numbness and tingling. Objective findings (4-1-15, 4-29-15) revealed an antalgic gait and a positive straight leg raise test on the right. The PR2 dated 7-2-15 indicated 2 out of 10 pain with medications and 10 out of 10 pain without medications. As of the PR2 dated 9-3-15, the injured worker reports 7 out of 10 pain. Objective findings include a positive straight leg test on the right at 50 degrees. Current medications include OxyContin (since at least 4-1-15) and Topamax (since at least 4-1-15). The Utilization Review dated 9-10-15, non-certified the request for Topamax 25mg #30 and Topamax 50mg #30 and modified the request for OxyContin 40mg #90 to OxyContin 40 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Oxycontin 40mg #90. The treating physician report dated 10/5/15 (59B) notes that the patient's current medication regimen is well tolerated and helps decrease the patient's pain level by 90%. The report goes on to note a 60% increase in function of ADL's including walking, standing and sitting. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Oxycontin since at least 4/1/15 (44B). The report dated 10/28/14 notes that the patient's pain has decreased from 7-8/10 to 3/10 while on current medication. No adverse effects or adverse behavior were noted by the patient in the most current progress report provided for review. The patient's ADL's have improved such as the ability to walk, sit and stand for extended periods of time. The physician has a signed pain agreement and CURES report on file. The continued use of Oxycontin has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

**Topamax 25mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Topamax 25mg #30. The treating physician report dated 10/5/15 (59B) notes that the patient's current medication regimen is well tolerated and helps decrease the patient's pain level by 90%. The report goes on to note a 60% increase in function of ADL's including walking, standing and sitting. The MTUS guidelines state the following regarding Anti-epilepsy drugs: Recommended for neuropathic pain (pain due to nerve damage). The guidelines go on to state, "Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." The medical reports provided show the patient has been taking Topamax since at least 4/29/15 (49B). In this case, the patient presents with low back pain that radiates down the right lower extremity associated with numbness and tingling. Furthermore, the treating physician has documented functional improvement from the use this medication. The current request is medically necessary.

**Topamax 50mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Topamax 50mg #30. The treating physician report dated 10/5/15 (59B) notes that the patient's current medication regimen is well tolerated and helps decrease the patient's pain level by 90%. The report goes on to note a 60% increase in function of ADL's including walking, standing and sitting. The MTUS guidelines state the following regarding Anti-epilepsy drugs: Recommended for neuropathic pain (pain due to nerve damage). The guidelines go on to state, "Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." The medical reports provided show the patient has been taking Topamax since at least 4/29/15 (49B). In this case, the patient presents with low back pain that radiates down the right lower extremity associated with numbness and tingling. Furthermore, the treating physician has documented functional improvement from the use this medication. The current request is medically necessary.