

<b>Case Number:</b>	CM15-0028318		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/10/2006
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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

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 (IW) is a 36 year old male who sustained an industrial injury on 08/10/2006. He has reported low back pain, and pain into the legs. Diagnoses include lumbar disc disease with radiculopathy, arachnoiditis, nerve root irritation, hypertension, gastritis, failed back syndrome, weight gain due to medication, slow transit constipation. Treatment to date includes non-steroidal anti-inflammatories, Prilosec for gastric upset, lumbar spine surgery, postoperative physical therapy, muscle relaxers, a dorsal column stimulator. Currently the IW takes Morphine 15 mg, one tablet every 12 hours as needed; Prilosec capsule delayed release, 20 mg twice per day; Topamax 100 mg 1 tablet by mouth, 3 at bedtime; and Nabumethone tablet 750 mg 1 tablet twice a day. A progress note from the treating provider dated 01/20/2015 indicates the IW had moderate paralumbar myospasm, moderate parathoracic myospasm, and was ambulating with a cane for support. On 02/12/2015 Utilization Review modified a request for Morphine Sulfate 15mg, #90 ; non-certified a request for Prilosec 20mg, #60; and modified a request for Topamax 100mg, #120 The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 100mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug, Topamax Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), pages 16-21.

**Decision rationale:** Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports from treatment previously rendered. There is no failed conservative first-line treatment modality, documented ADL limitations of neuropathic origin, or acute flare-up or red-flag conditions to support for its use. The Topamax 100mg, #120 is not medically necessary and appropriate.

**Morphine Sulfate 15mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Morphine Sulfate 15mg, #90 is not medically necessary and appropriate.

**Prilosec 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): (s) 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any clinical findings to warrant this medication. The Prilosec 20mg, #60 is not medically necessary and appropriate.