

<b>Case Number:</b>	CM14-0112931		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

5/28/14 note indicates urine drug testing. 4/29/14 note indicates pain in low back with control by oral medications. The pain is described as stabbing, pressure, electrical, and shooting. Medications were listed as Nucynta, Topamax, and Naprosyn. Examination noted antalgic gait with tenderness on ROM and over facet joints. Plan of care was continue medication and do physical exercise program. 3/4/14 note indicated low back pain controlled with medication. Examination noted pain with range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, on-going management.

**Decision rationale:** The use of UDS is for opioid mitigation as part of chronic opioid therapy and supported under MTUS for on-going management.

**Nucynta 75 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - opioids Page(s): 75-79.

**Decision rationale:** The medical records support the presence of ongoing chronic pain responsive to opioid therapy with reported functional benefit. MTUS supports chronic opioid therapy when other conservative treatment has not been sufficient and the insured is having functional benefit.

**Topamax #30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16.

**Decision rationale:** The medical records provided for review do document the presence of a neuropathic pain condition or headache condition for which Topamax would be supported for therapy. Therefore, this is not medically necessary.