

<b>Case Number:</b>	CM15-0010971		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 39 year old female with an industrial injury dated January 27, 2009. The injured worker diagnoses include neck pain, discogenic neck pain and myofascial neck pain. She has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 12/23/14, the treating physician noted that the injured worker had a constant pain in her neck into her left headache and left upper extremity. The treating physician also noted that the injured worker has been off of her medications and have not been evaluated since April 2014. The injured worker reported that she recently has also had pain in the right side of her neck and without her medication her pain is 5-6/10. Objective findings reveal soft cervical collar due to neck pain with limited neck range of motion and decrease pinprick sensation throughout her left upper extremity. The treating physician prescribed Topamax 25mg #60 and urine drug screen. Utilization Review determination on January 6, 2015 denied the request for Topamax 25mg #60 and urine drug screen, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16, 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 16, 21.

**Decision rationale:** Topamax is the antiepileptic medication, topiramate. Antiepileptic medications are recommended for neuropathic pain. It 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. In this case the patient has not been taking any medications since April 2014. There is no documentation that the patient has neuropathic pain or that she failed treatment with other antiepileptic medications. Medical necessity has not been established. The request should not be authorized.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing, and Opioids, Criteria for Use Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Pain, urine drug testing

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient has urine drug testing in December 2014 and January 2015. Documentation does not support that the patient has exhibited aberrant or addiction behavior. Testing is indicated annually, which is not until December 2015. The request should not be authorized.