

<b>Case Number:</b>	CM15-0125085		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Pennsylvania, Ohio, 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 is a 44 year old female, who sustained an industrial injury on 4/18/2012. She reported pain in her lower back radiating into the pelvis area and both legs while holding a fainting patient. Diagnoses have included bilateral lumbar radiculopathy in L4 and L5 nerve direction, rule out lumbar spondylosis. Treatment to date has included physical therapy, lumbar epidural steroid injection and medication. According to the progress report dated 6/1/2015, the injured worker complained of low back pain radiating to her bilateral lower extremities down to her ankles. She underwent lumbar epidural steroid injection on 5/4/2015 with no relief. Objective findings revealed atrophy of the paraspinal muscles. Straight leg raise was positive in sitting position. Facet loading test was positive bilaterally. It was noted that the injured worker's last magnetic resonance imaging (MRI) was more than one year ago. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine, Norco and Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging-Magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** MTUS/ACOEM recommends MRI LSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The rationale/indication for the requested lumbar MRI is not apparent, particularly as a repeat study without an objective change in neurological examination. This request is not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Topamax 100mg (unspecified qty):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medication Page(s): 16-22.

**Decision rationale:** MTUS supports the use of anti-epileptic medication for neuropathic pain if there is clear documentation of benefits of risk of such use; the records in this case do not contain such detail. Moreover, the same guidelines recommend the use of Topamax for neuropathic pain only as a second-line option when first-line options have failed; the records do not clearly document such a rationale. Most notably, the quantity requested has not been documented and therefore this request is not interpretable. For these multiple reasons, this request is not medically necessary.