MAXIMUS Federal Services

Case Number:	CM13-0006872		
Date Assigned:	09/03/2013	Date of Injury:	11/06/2006
Decision Date:	09/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 54 year old female who reported an injury on 11/06/2006. The mechanism of injury was not provided. The injured worker had diagnoses of complex regional pain syndrome (reflex sympathetic dystrophy) left extremity, status post left knee arthroscopy with partial lateral meniscectomy and lateral retinacular release-exacerbation. Past treatments included 16 sessions of aqua therapy, physical therapy, lumbar sympathetic block injections to left L2 and L4, and an unspecified duration of psychotherapy. Diagnostic testing included ECG on 06/06/2012 and an MRI of the knee in 2007. The injured worker underwent left knee arthroscopy with partial lateral meniscectomy and lateral retinacular release on 11/30/206, and spinal cord stimulator implantation on 06/02/2008 with an additional lead implant on 08/04/2008, and replacement of lead wires on 08/18/2008. The clinical note dated 07/10/2013 noted the injured worker complained of pain and swelling to the knee after frequent falls. The injured worker reported constant pain when standing, walking, and bending the knees. The injured worker reported the left knee was popping out of place unpredictably, causing pain to lateral medial knee every 1-2 weeks. The injured worker was using a cane to ambulate around the home and a walker when outside. The injured worker stated the use of 2 Lidoderm patches a day to the left leg and lower back provided significant relief with increased activities of daily living. There was hyperesthesia and allodynia to light touch of the left leg, including the lower thigh, knee and upper 1/3 of the leg below the knee. The left knee was not tested due to patient's apprehension. Medications included baclofen10mg, Percocet 10/325, oxycontin 20mg, Lyrica 150mg, Topamax 100mg, Lidoderm patches. The treatment plan was for Topamax 100mg #60 5refills, Baclofen 10mg #30 3 refills, and Psychological treatment 1 x 12weeks. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 100MG #60 5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

Decision rationale: The request for Topamax 100mg #60 5 refills is not medically necessary. The injured worker had a diagnosis of complex regional pain syndrome (reflex sympathetic dystrophy) to left extremity. The California MTUS guidelines state anti-epilepsy drugs such as Topamax are recommended for neuropathic pain. A "good" response to the use of AEDs (anti epilepsy drugs) has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction, after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There was no assessment of the injured worker's current pain on a VAS scale, average pain, and intensity of the pain after taking medications, and longevity of pain relief. There is lack of documentation demonstrating significant reduction of pain with Topamax. The requesting physician's rationale for providing two anti-epilepsy medications is not indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore, the request for Topamax 100mg #60 5 refills is not medically necessary.

BACLOFEN 10 MG #30 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for Baclofen 10mg #30 3refills is not medically necessary. The injured worker had diagnoses of complex regional pain syndrome (reflex sympathetic dystrophy) to left extremity. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state baclofen is used for spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. There is a lack of documentation indicating the injured worker has a diagnosis of multiple sclerosis or spinal cord injury. There is lack of documentation of muscle spasms upon physical examination within the documentation.

The injured worker has been prescribed this medication since at least 01/08/2013. Continued use of the medication would exceed the guideline recommendation for short term use. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the information above, the request for Baclofen 10 mg #30 3 refills is not medically necessary.

PSYCHOLOGICAL TREATMENT 1 X12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for Psychological treatment 1 x 12weeks is not medically necessary. The injured worker had diagnoses of complex regional pain syndrome (reflex sympathetic dystrophy) to left extremity. The documentation submitted for review stated the injured worker has had psychotherapy treatment in the past. The California MTUS guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 sessions over 5-6 weeks. There is lack of evidence of any objective functional improvement with the prior psychotherapy. There is lack of documentation stating the number of psychological treatment sessions the injured worker has already completed. Therefore the request for psychological treatment 1 x 12 weeks is not medically needed.