

Case Number:	CM13-0017742		
Date Assigned:	10/11/2013	Date of Injury:	08/24/2002
Decision Date:	10/08/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/28/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 43-year-old male who reported an injury on 08/24/2002. Mechanism of injury was not submitted for review. The injured worker has diagnoses of neck pain, low back pain, acromioclavicular joint pain, joint pain other lower leg, shoulder pain, knee joint pain, medial meniscus tear, Chondromalacia patellae, and lumbar facet syndrome. Past medical treatment consist of surgery, physical therapy, occupational therapy, medication therapy, steroid injections, and a functional restoration program. Medications include capsaicin cream, fluoxetine, Lidoderm patch 5%, MS-Contin, naproxen, Norco, omeprazole, topiramate, trazodone, Flector patch, and baclofen. On 03/25/2013, an MRI of the left knee was obtained. On 08/05/2013, the injured worker complained of knee pain, low back pain, and shoulder pain. Physical examination of the lumbar spine revealed that the spine had pain with extension, more so than flexion. The injured worker had an antalgic gait on the left with diffuse tenderness over the left knee. Greatest tenderness was over the left lumbar facet region, with spasm overlaying those joints. Lower extremity were grossly normal without observable abnormality or asymmetry of temperature, color, contour, or size. Medical treatment plan is for the injured worker to continue the use of medication. The rationale was not submitted for review. The Request for Authorization form was submitted on 08/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TOPIRAMATE 50MG #90 W/ 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, Topiramate Page(s): 16.

Decision rationale: The request for 1 prescription of Topiramate 50mg #90 is not medically necessary. California MTUS Guidelines indicate that topiramate (Topamax) is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The guidelines also state that relief of pain with the use of medications is generally temporary, and measures of lasting benefit from this modality should include evaluating the effective pain relief in relationship to improvements in function and increased activity. The submitted report did not indicate or mention muscle weakness or numbness, which would be indicative of neuropathy. It did not appear that that injured worker had diagnoses which would be congruent with guidelines recommendations. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for 1 prescription of Topiramate 50mg #90 is not medically necessary.

1 PRESCRIPTION OF PANTOPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Protonix (Pantoprazole)GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for 1 prescription of Pantoprazole 20mg #30 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age is > 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant, or (4) high dose/multiple NSAIDs. The medical documentation did not indicate that the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. Furthermore, it did not appear that the injured worker was at risk for gastrointestinal events. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, the request is not medically necessary.

1 PRESCRIPTION OF ORPHENADRINE 100MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), (Orphenadrine) Page(s): 63-65.

Decision rationale: The request for 1 prescription of Orphenadrine 100mg #90 is not medically necessary. According to California MTUS, orphenadrine is a non-sedating recommended muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. The submitted request did not indicate the efficacy of the medication. The reports also lacked evidence of whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. Furthermore, there was no mention of a lack of side effects. Additionally, the submitted report lacked pertinent information regarding how long the medication had been in use to date. The request as submitted did not indicate a frequency or duration of the medication. Given the above, the request for orphenadrine is not supported by the California MTUS Guideline recommendations. As such, the request is not medically necessary.

1 PRESCRIPTION OF MS CONTIN 15MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Morphine sulfate, MS Contin) Page(s): 78, 93.

Decision rationale: The request for 1 prescription of MS Contin 15mg is not medically necessary. The California MTUS Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and any side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, and/or improved quality of life. The submitted report lacked any evidence as to how long the medication had worked for the injured worker and if it had helped with any functional deficits. The MTUS Guidelines also state that there is to the use of drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report included a drug urinalysis that was submitted on 01/24/2013, showing that the injured worker was in compliance with medications. However, it is recommended that urinalysis be obtained at least every 6 months. Additionally, the efficacy of the medication was not submitted for review. Given that the request did not specify a frequency or duration of the medication, and guideline criteria was not met, the request for 1 prescription of MS Contin 15mg is not medically necessary.

1 PRESCRIPTION OF BACLOFEN 5M: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity drugs Page(s): 64.

Decision rationale: The request for 1 prescription of baclofen 5mg is not medically necessary. According to the MTUS, the mechanism of action of baclofen is blockade of the pre and postsynaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple scoliosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non FDA approved). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request as submitted did not specify the frequency or duration of this medication. There were no assessment regarding functional improvement as a result of this medication. In addition, there was no mention of a lack of side effects. Additionally, it was not documented in the submitted report whether the medication helped with any functional deficits that the injured worker had. Documentation dated 08/05/2013 revealed that the injured worker had been on baclofen since at least this time, exceeding the recommended guidelines for short term use. Given the above, the request is not supported by the California MTUS Guideline recommendations. As such, the request for 1 prescription of baclofen 5mg is not medically necessary.