MAXIMUS Federal Services

Case Number:	CM13-0039334		
Date Assigned:	12/20/2013	Date of Injury:	02/17/1997
Decision Date:	03/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Rhoad Island. 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 physician 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 beneficiary presents with a date of injury of 2/17/97. She had fusion of L4-L5 in 2007 and developed post laminectomy syndrome. She has chronic pain in the low back in both lower extremities since 2007. She on 11/12 has a spinal cord stimulator inserted with minimal relief. The beneficiary has an exam that shows full strength in both lower extremities with 2 plus reflexes. Positive straight leg test and some decreased sensation medially in both quadriceps areas. The beneficiary is on multiple medications for which she seeks authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The benefits of Lidoderm use have not been demonstrated on a long term basis. There is no indication for its use in chronic pain management. There may be some significant side effects. The use of Lidoderm patch is not medically necessary.

Topamax 50mg 1-2 bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

Decision rationale: MTUS guidelines state no clear evidence for the use of topamax for chronic pain management. Further, a search of Medline and Pubmed does not reveal any literature to support the use of this medication for control of chronic pain. There may be significant side effects with its use. The medication is not medically necessary.

Prilosec 20mg bid #120: 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 Page(s): 68-69.

Decision rationale: The beneficiary has not demonstrated any gastrointestinal side effects from the use of any of the medications and especially from NSAID. There is no medical indication for the use of the above medication. Prilosec is not medically necessary.

Norco 10/325 8-10 day #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The beneficiary is requesting narcotic for chronic pain management. The MTUS guidelines are clear that the use of opioids for control of pain in the chronic setting is not appropriate and ha potential for dependency and significant side effects. The above medication is not medically necessary for the treatment of this beneficiary.

Xanax 2mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The beneficiary has chronic pain and seeks an anxiolytic for control of anxiety associated with pain. MTUS guidelines state that the use of anxiolytics is not appropriate in the treatment of chronic pain. There is a significant risk for dependency and side effects. The medication is not medically necessary.

Opana ER 20mg #60 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The beneficiary seeks the use of opioids for control of chronic pain. MTUS states that the use of opioids for long term use is not appropriate in the management of chronic pain. There is significant risk for dependency and side effects associated with the medication. The medication is not medically necessary.