MAXIMUS Federal Services

Case Number:	CM13-0041834		
Date Assigned:	06/06/2014	Date of Injury:	06/26/2008
Decision Date:	07/14/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal 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 44 year old male injured on 06/26/08 due to undisclosed mechanism of injury. Current diagnoses included L4-5 11mm left paracentral disc extrusion with left lower extremity radiculopathy, left ankle instability, left ankle reconstruction times three, and status post PLIF L3-4 and L4-5 on 05/14/13. Clinical note dated 08/20/13 indicated the injured worker presented status post lumbar spine surgery reporting significant post-operative pain across the low back; however, the injured worker reported radicular symptoms in his lower extremities had almost completely resolved. The injured worker reported intent to start post-operative physiotherapy in 11/2013. The injured worker requested to decrease pain medications from MS Contin 30mg twice daily to 15mg twice daily and decrease Soma 350mg twice daily to once daily. Norco was increased from six tablets once daily to eight tablets once daily, as needed. Additional medications included Anaprox DS 550mg, Zanaflex 4mg, and Prilosec 20mg. Topamax was discontinued due to lack of efficacy. The injured worker was trialed on Neurontin. Physical examination revealed moderate distress, obvious severe antalgic gait requiring use of walker, tenderness to palpation about the lumbar paravertebral musculature and sciatic notch, sensory exam altered in posterolateral thigh and calf in L5-S1 distribution, and straight leg raise positive on the left. The initial request for Soma 350mg one tablet daily, Topamax 50mg twice a day, Prilosec 20mg twice a day, and Flexeril 10mg one tablet four times a day was initially not recommended on 09/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG 1 TABLET DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, CARISOPRODOL Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window.

TOPAMAX 50 MG TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, OTHER ANTIEPILEPTIC DRUGS, TOPIRAMATE (TOPAMAX, NO GENERIC AVAILABLE) Page(s): 20.

Decision rationale: As noted on page 20 of the Chronic Pain Medical Treatment Guidelines, Topiramate 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. There is no indication in the documentation that the injured worker has undergone trials of other first-line anticonvulsants prior to utilization of Topamax. Additionally, there is no documentation of reevaluation of medication efficacy. As such, the request for Topamax 50 mg twice a day cannot be recommended as medically necessary.

PRILOSEC 20 MG BID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, PROTON PUMP INHIBITORS.

Decision rationale: As noted in the Official Disability Guidelines (ODG) proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal

events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20 MG twice daily cannot be established as medically necessary.

FLEXERIL 10MG 1 TABLET 4 TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, CYCLOBENZAPRINE Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 10mg 1 tablet 4 times a day cannot be established at this time.