

Case Number:	CM13-0043250		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2009
Decision Date:	02/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/22/2013

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 licensed in Acupuncture and 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 patient is a 36 year old female injured worker, with date of injury 04/16/09 with related low back pain. MRI completed on 11/02/12 of lumbar spine revealed degenerative changes, most pronounced at L5-S1 where there was a diffuse disc bulge with a superimposed disc protrusion. The injured worker is also being treated for depression and anxiety, and had begun psychological care in 10/2009. She underwent acupuncture treatment for her lower back in 1/2012 and reported slight to moderate reduction in her lower back pain. Her treatment history includes physical therapy, TENS unit, Health Education for Living with Pain program, and medications. The date of UR decision was 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Topamax 25 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs. Page(s): 16,21.

Decision rationale: With regard to anti-epilepsy drugs, the MTUS CPMTG states "Recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004)

(Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Per MTUS CPMTG, "Topiramate (Topamax®[®], no generic available) 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." A progress note by ██████████ dated 9/23/2013, Topamax was added to the injured worker's medication regimen for chronic headaches. While Topamax is FDA approved to prevent migraine headaches, it is not FDA approved for the treatment of headaches, therefore the 9/23 request was not medically necessary. Of note, the following progress note dated 10/7/13 indicates ██████████ intent to eliminate Topamax from the regimen due to its lack of efficacy and to reduce the quantity of medications. The request is since undesired. The request is not medically necessary.

Unknown prescription of Miralax: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 77. Decision based on Non-MTUS Citation Micromedex DrugNotes via PubMed Health.

Decision rationale: Per Micromedex DrugNotes via PubMed Health, Miralax is used to treat occasional constipation. The guideline indicates that if prescribing opioids has been determined to be appropriate, under Initiating Therapy, Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. Per the 9/23/13 progress note, the injured worker experienced symptoms of constipation over the prior two weeks suspected to be related to her treatment with tramadol. As her treatment with tramadol is related to her industrial injury, the request for Miralax is medically indicated, however since the request is for an unknown quantity, per strict interpretation of IMR criteria, it cannot be affirmed as medically necessary.

1 prescription of Celebrex 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.
Page(s): 68.

Decision rationale: Regarding chronic low back pain and NSAIDs, the MTUS CPMTG states: "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." Per the 10/21/13 progress note, the injured worker "is reporting that her mood is improving with a medication switch to Celebrex. She is able to be a little more active with less swelling." Ultimately, per 11/11/13 progress note, the primary treating physician was considering raising the Celebrex to 200mg twice a day as the injured worker was on too low of a dose to appreciate the full effect of the medication. The request is medically indicated, however since the request is for an unknown quantity, per strict interpretation of IMR criteria, it cannot be affirmed as medically necessary.