MAXIMUS Federal Services

Case Number:	CM13-0044007		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2003
Decision Date:	02/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a male patient with a date of injury of 1/5/13. A utilization review determination dated 10/21/13 recommends non-certification of a 3-month trial of H-Wave, Norco, Phenergan, Soma, and Topamax. Lunesta and Nexium were certified. Catapres was modified to #15 and methadone was modified to #142. Sertraline and Zoloft were conditionally non-certified. A progress report dated 11/11/13 identifies subjective complaints including persistent low back pain radiating to the right lower extremity and he feels that, with the constant pain, his blood pressure is elevated. Topamax helps for sharp shooting type of pain but feels clonidine helps more than Topamax for sharp shooting pain. He feels that his methadone has already been decreased enough and does not want to taper it further at this stage. He received a letter stating he is authorized for H-Wave unit trial. Objective examination findings identify antalgic gait on right, dysesthesia to light touch in the right L5 and S1 dermatomes, SLR aggravates his pain on the right side with radiation to the right lower extremity. Diagnoses include low back pain, facet syndrome, lumbosacral radiculopathy, chronic pain syndrome, and depression. Treatment plan recommends H-Wave unit trial, Prinivil from other providers, calcium with vitamin D, docusate, lactulose, Lunesta, methadone, Nexium, Norco, Phenergan, Soma, Topamax, clonidine, and sertraline.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit - three (3) month trial, between 9/16/2013 and 12/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave unit - three (3) month trial, California MTUS states that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no indication that the patient has failed all conservative treatment options including a transcutaneous electrical nerve stimulation trial. Additionally, the California MTUS does not support a trial for longer than one month. In light of the above issues, the currently requested H-wave unit - three (3) month trial is not medically necessary..

Catapres (Clonidine) 0.2mg #30 with one (1) refill between 9/16/2013 and 12/7/2013:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Catapres (Clonidine)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Catapres Official FDA Information (http://www.drugs.com/pro/catapres.html#indications).

Decision rationale: Regarding the request for Catapres, California MTUS and ODG do not address the issue. Catapres is indicated in the treatment of hypertension. Within the documentation available for review, the pain management provider does not list a diagnosis of hypertension, but does recommend use of Catapres. It appears that this condition may have been diagnosed by other providers, but there is no documentation of the results of blood pressure monitoring at the time of the current recommendation for this medication. It is also sometimes utilized off-label for some pain conditions, but there is no documentation to support significant pain relief, functional improvement, or reduction of withdrawal symptoms with prior use. As with any medication, ongoing use requires regular monitoring in order to establish efficacy of the medication. In the absence of such documentation, the currently requested Catapres is not medically necessary.

Norco 10/325mg #100 between 9/16/2013 and 12/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.

Methadone 10mg #190 between 9/16/2013 and 12/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone (Dolophine, Methadose oral dosage forms, generic availab.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): . 76-79.

Decision rationale: Regarding the request for methadone, California Pain Medical Treatment Guidelines state that methadone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the methadone is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested methadone is not medically necessary.

Phenergan (Promathazine) 25mg #30 between 9/16/2013 and 12/7/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants for pain.

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, Antiemetics (for opioid nausea).

Decision rationale: Regarding the request for Pherergan, California MTUS does not address the issue. ODG cites that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. They are recommended for acute use. Within the documentation available for review, there is no documentation of acute nausea/vomiting or a clear rationale identifying the medical necessity of this medication. In the absence of such documentation, the currently requested Phenergan is not medically necessary.

Soma 350mg #30 between 9/16/2013 and 12/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available)..

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

Decision rationale: Regarding the request for Soma, California MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. In light of the above issues, the currently requested Soma is not medically necessary.

Topamax 50mg #60 between 9/16/2013 and 12/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax)..

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

Decision rationale: Regarding the request for Topamax, California MTUS supports the use of AEDs in the management of neuropathic pain. Specific to Topamax (topiramate), they cite that it has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology, but it is still considered for use for neuropathic pain when other anticonvulsants fail. Within the documentation available for review, there is no documentation of efficacy with prior use of the medication demonstrated by quantifiable pain relief and/or functional improvement. As with any medication, ongoing use is medically appropriate only when there is demonstrated efficacy with previous use. In the absence of such documentation, the currently requested Topamax is not medically necessary.