

Case Number:	CM13-0045743		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2012
Decision Date:	04/03/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, DC, Maryland, and Florida. 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 patient is a 31 year-old male with date of injury of 06/15/2012. The injury occurred when the patient twisted his back while carrying heavy equipment. He was treated with chiropractic therapy, physical therapy and medications. He continues to complain of chronic neck and back pain with pains radiating to both lower extremities. MRI study dated 10/29/2012 showed no disc herniation, canal or foraminal stenosis, slight retrosthesis of L5 and 3 mm disc bulge. It also showed mild circumferential annular bulging L4-5 and L3-4 levels, both less than 3 mm. Nerve conduction study of November 28, 2012 was abnormal. The study showed electrodiagnostic evidence that would be most consistent with a bilateral lumbar radiculopathy involving the L5 nerve roots. A June 15, 2013 nerve conduction study of the upper extremities was normal. The patient has been diagnosed with lumbosacral sprain/strain, cervical sprain/strain, lumbosacral radiculitis, brachial radiculitis, myalgia/myositis, headaches, depression, NOS, myofascial pain and lumbar spondylosis with myelopathy. The provider has submitted a prospective request for a prescription of topiramate 25mg #60, a prescription of tramadol 150mg #90, unknown TENS patches, and a prescription of Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Topiramate 25 mg #60 is not: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-Epileptic Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-Epileptic Drugs Page(s): 16, 17, 21.

Decision rationale: Chronic Pain Medical Treatment Guidelines indicate Topiramate is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, there is a lack of documented measurable gain, such as decrease in pain on a VAS scale, and increase in functionality in the clinical notes, to support the patient's current medication regimen. The request for Topiramate 25mg #60 is not medically necessary and appropriate.

1 Prescription of Tramadol 50mg #90: 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 Section on Opioids Page(s): 78-79, 84, 93-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The guideline criteria for ongoing opioid management have not been followed in this case. Therefore the prescription of Tramadol 50mg #90 is not medically necessary.

unknown TENS Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: TENS patches are requested for this patient, but sites of application and treatment goals are not stated. TENS use has resulted in mild symptom relief but no functional improvement. CA MTUS (Effective July 18, 2009) Chronic Pain Guidelines recommend TENS as an adjunct to a program of evidence-based functional restoration. In the absence of a functional restoration program or objective functional improvement with TENS, the continued dispensing of TENS supplies is not justified. Therefore, the request for Unknown TENS patches is not medically necessary.

1 Prescription of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAID, GI Symptoms and Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAID, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment for patients on NSAID therapy who are at risk for gastro-intestinal bleeding. CA-MTUS (Effective July 18 2009) Guidelines recommend that one should determine first the risk factors for gastrointestinal events and cardiovascular disease. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose naproxen is the preferred choice of NSAID medication. Guidelines state that GI prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses. According to medical records, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed aspirin, corticosteroids, anticoagulants, or a high dose of NSAIDs that have caused an adverse reaction in the past. Taking into consideration the above discussion, the request for 1 prescription of Omeprazole 20mg #60 is not medically necessary.