

Case Number:	CM13-0052956		
Date Assigned:	12/30/2013	Date of Injury:	05/12/1998
Decision Date:	04/07/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 least at 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 64-year-old male with a date of injury of 05/12/1998. The listed diagnoses per [REDACTED] are: 1. Lumbalgia. 2. Opiate-type dependence. 3. Unspecified idiopathic PE. 4. Postlaminectomy. 5. Spinal stenosis. 6. Unspecified thoracic/lumbar pain. 7. Scoliosis. 8. Lumbosacral spondylosis. According to report dated 10/30/2013 by [REDACTED], the patient presents with low back and right leg pain. The patient presents for routine refill of medication. It was noted that Topamax was denied and the patient is experiencing more of "electricity" symptoms in the lower extremity without Topamax. Reports states the patient inquired about proceeding with the intrathecal pump implant. It was noted that the patient's pain is characterized as burning, electricity, and pins and needles. The pain is constant and increased by ADLs and the pain is decreased by medication and rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg, #90: Overturned

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

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

Decision rationale: The patient presents with low back pain and right leg pain. The treating physician is requesting Topamax 50 mg #90. According to MTUS Guidelines page 21, "topiramate (Topamax) 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 have failed". MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that 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 for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy". In this case, in a report dated 10/30/2013, the treating physician indicates that the patient has an increase of "electricity" type symptoms in the lower extremities since being without Topamax. Treating physician goes on to indicate that the patient has already failed Neurontin as an antiepileptic med for neuropathic pain and that Topamax has been effective for this patient's neuropathic pain. MTUS Guideline support antiepileptic medications for the use of neuropathic pain. The requested Topamax is medically necessary and recommendation is for approval.

Kalian 50mg:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: This patient presents with low back pain and right leg pain. The treating physician is requesting Kadian 50 mg 1-month supply. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. None of the reports provided for review dating from 03/07/2013 to 10/30/2013 contained the necessary information to continue long-term opiate use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: This patient presents with low back and right leg pain. The treating physician is requesting Percocet 10/325, a 1-month supply. For chronic opiate use, MTUS

Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In this case, the treating physician does not discuss why the patient is in need of two concurrent opioids, Kadian and Percocet. Review of the reports dated from 03/07/2013 to 10/30/2013 does not contain any numeral scales or discussions regarding efficacy of any opiate use. The patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with low back and right leg pain. The treating physician is requesting Celebrex 200 mg. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted". In this case, the treating physician does not discuss in any of the reports dating from 03/07/2013 to 10/30/2013 the efficacy of using NSAIDs. The requested Celebrex is not medically necessary and recommendation is for denial.

Cymbalta 60mg: 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): 16-17.

Decision rationale: This patient presents with low back and right leg pain. The treating physician is requesting Cymbalta 60 mg. For Cymbalta, the MTUS Guidelines page 16 and 17 states "duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." In this case, report dated 05/22/2013 states "patient is on Cymbalta for his neuropathic pain in his leg." Given Cymbalta is a first-line option for neuropathic pain, recommendation is for approval.

Intrathecal Prialt pump implant:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with low back and right leg pain. The treating physician is requesting an intrathecal Prialt pump implant. It was noted that the patient has already had a successful trial. MTUS and ACOEM Guidelines do not discuss intrathecal Prialt pump implants. However, ODG Guidelines do discuss implantable drug delivery systems in the pain section, which states, "Recommended only as an end-stage treatment alternative for selected patients for specific conditions after failure of at least 6 months of less invasive methods and following a successful temporary trial. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1. Documentation in the medical records of failure of 6 months of other conservative treatment modalities. 2. Intractable pain secondary to a disease state with objective documentation of pathology. 3. Further surgical intervention or other treatment is not indicated. 4. Psychological lab evaluation had been obtained. 5. No contraindications to implantation. 6. A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain. In this case, the patient does not meet a number of the required indications for use. Medical records do not show a psychological evaluation and clearance. There is no indication that oral medications are not working or working. There is a mention of a successful trial but that report is not available to check how successful the trial was. There is lack of discussion regarding objective documentation of pathology that explains this patient's chronic pain. Recommendation is for denial.