

Case Number:	CM13-0062587		
Date Assigned:	12/30/2013	Date of Injury:	09/25/1992
Decision Date:	04/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 68 year-old male who injured his lower back on 9/25/1992 from heavy lifting and has subsequent history of lumbar fusion. According to the 11/1/13 report from [REDACTED], the patient presents with 5-6/10 low back pain. The diagnoses include chronic pain syndrome and failed back surgery syndrome and lumbar radiculopathy. On 11/27/13 UR recommended non-certification for use of topiramate, orphenadrine, and hydrocodone 2.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg (one month supply): Overturned

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

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

Decision rationale: The patient presents with failed back surgery syndrome, radiculopathy and chronic pain syndrome. The records show topiramate was first prescribed on 10/18/13, and 2-weeks later on 11/1/13 topiramate was continued. There are no other medical reports available to review. MTUS states topomax has variable efficacy, but is still considered for use for

neuropathic pain. The patient has had neuropathic pain for over 20-years, a trial of topiramate appears appropriate.

Orphenadrine 100mg (one month supply): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine 100mg (one month supply) Page(s): 63-66.

Decision rationale: The patient presents with failed back surgery syndrome, radiculopathy and chronic pain syndrome from a 1992 industrial injury. The records show orphenadrine was first prescribed on 10/18/13 when back pain was rating at 8/10, and 2-weeks later on 11/1/13 back pain was 5-6/10, and the medication was recommended to be continued. MTUS states to recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The records show the patient had been using the orphenadrine for 2-weeks. This is not long-term use. The request appears to be in accordance with MTUS guidelines.

Hydrocodone 2.5/325mg (one month supply): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long Term Assessment Page(s): 88-89.

Decision rationale: The patient presents with failed back surgery syndrome, radiculopathy and chronic pain syndrome from a 1992 industrial injury. The records show hydrocodone 2.5mg 4x/day prn, was first prescribed on 10/18/13 when back pain was rating at 8/10, and 2-weeks later on 11/1/13 back pain was 5-6/10, and the medication was recommended to be continued. The patient was already taking Vicodin 5/500 q6hr for breakthrough pain, and the Norco 2.5/325mg was added to this, and in 2-weeks, the pain levels dropped 20-30% on VAS. According to MTUS guidelines, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient has shown decreased pain, and a satisfactory response. MTUS does not require weaning or discontinuing treatment that is producing a satisfactory response.