

Case Number:	CM13-0070232		
Date Assigned:	01/03/2014	Date of Injury:	12/01/1998
Decision Date:	07/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 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 61-year-old with an injury date of December 1, 1998. Based on the December 5, 2013 progress report provided by [REDACTED] the patient has chronic low back, upper back, and neck pain. She has radiation of pain into the left leg, and numbness/tingling in the left arm and left leg. [REDACTED] is requesting for Hydrocodone/APAP 10/325 mg #240. The utilization review determination being challenged is dated December 13, 2013 and recommends denial of the Hydrocodone. [REDACTED] is the requesting provider and provided treatment reports from July 11, 2013 to January 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax and Antiepilepsy Drugs (AEDS) Page(s): 21; 16, 17.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a refill for Topamax 100 mg. The Chronic Pain Medical Treatment Guidelines state, "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." Furthermore, the Chronic Pain Medical Treatment Guidelines states that it is recommended for neuropathic pain but there is a lack of consensus on treatment. And most trials have been directed at post-herpetic neuralgia and painful polyneuropathy. The review of reports show that the patient has been taking Topamax since August 2013. The Chronic Pain Medical Treatment Guidelines states that satisfactory response to treatment may be indicated by patient's decreased pain, increased level of function, or improved quality of life. In this case, none of the reports provided for review document any functional improvement with Topamax use. The request for Topamax 100 mg, thirty count, is not medically necessary or appropriate.

Oxymorphone HCL ER 40mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a refill for oxymorphone HCl ER 40 mg. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines require specific documentations regarding pain and function. The Chronic Pain Medical Treatment Guidelines requires "pain assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required that includes analgesia, ADLs (activities of daily living), adverse side effects, and aberrant drug-seeking behavior. The review of reports show that the patient has been prescribed oxymorphone since August 2013. The treater documents medication efficacy stating, "Pain helped by Opana ER, Norco, and Naprelan." Other than this generic statement, none of the reports show documentation of analgesia, ADLs as it relates to chronic opiate use. No specific activities of daily living were documented. No outcome measures or return to work discussions. In addition, there is no current urine drug screen documented in the 68 pages of records provided. The request for Oxymorphone HCL ER 40mg, sixty count, is not medically necessary or appropriate.

Pristiq 100mg, thirty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a refill for Pristiq 100 mg. The Chronic Pain Medical Treatment Guidelines states, "Recommended as a first-line option for neuropathic pain and as a possibility for non-

neuropathic pain. Tricyclics are generally considered the first-line agent unless they are ineffective, freely tolerated, or contraindicated." Furthermore, the Chronic Pain Medical Treatment Guidelines states that for chronic low back pain, a systematic review indicates that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is not clear. The review of reports show that the treater documents medication efficacy stating, "Pristiq helps with her mood." In this case, the patient does report benefit with Pristiq use. The request for Pristiq 100mg, thirty count, is medically necessary and appropriate.

Sprix Spray: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: This patient presents with chronic neck pain and low back pain. The treater is requesting a refill for Sprix spray. Sprix nasal spray (ketorolac) is a non-steroidal anti-inflammatory drug used to treat moderate to severe pain. The Chronic Pain Medical Treatment Guidelines states, "This medication is not indicated for minor or chronic painful conditions." Records show that the patient has been taking this medication since September 2013. The patient reports that she is utilizing the Sprix spray for her flare-ups of low back, upper back, and neck pain. In this case, the Chronic Pain Medical Treatment Guidelines does not support the use of this medication for chronic painful condition which the patient has. The request for Sprix Spray is not medically necessary or appropriate.

Hydrocodone/APAP 10/325mg, 240 count: 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 Medications for Chronic Pain and Criteria for Use of Opioids Page(s): 60, 61; 88, 89.

Decision rationale: According to the December 5, 2013 report by [REDACTED], the patient presents with chronic low back, upper back, and neck pain. Her pain radiates into the left leg and she has numbness/tingling in the left arm and left leg. The request is for Hydrocodone/APAP 10/325 mg, 240 count. The December 5, 2013 progress report continues to state that "Pain has been helped by Norco." No pain scales were provided in any of the reports. According to the Chronic Pain Medical Treatment Guidelines, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, the Chronic Pain Medical Treatment Guidelines states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at six month intervals using a numerical scale or validated instrument." None of the reports show

documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures were provided as well as specific ADL's (activities of daily living) and return to work discussion. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the Chronic Pain Medical Treatment Guidelines. Therefore, the request for Hydrocodone/APAP 10/325mg, 240 count, is not medically necessary or appropriate.