

Case Number:	CM14-0109404		
Date Assigned:	08/01/2014	Date of Injury:	08/27/1998
Decision Date:	10/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 27, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; and topical agents. In a Utilization Review Report dated June 18, 2014, the claims administrator denied a request for hydromorphone, cyclobenzaprine, topiramate, and topical Pennsaid. The claims administrator based its decision, in part, on previously unfavorable Independent Medical Review and Utilization Review Reports. The applicant's attorney subsequently appealed. In a February 4, 2014 office visit, the applicant reported 1-5/10 multifocal low back, neck, knee, and hand pain. The applicant was status post radiofrequency ablation procedure involving the cervical and lumbar spines, it was stated. The applicant was currently using baclofen, topiramate, tizanidine, and hydrocodone. The attending provider stated that ongoing medication usage was ameliorating the applicant's ability to perform household chores. The applicant was given refills of baclofen, topiramate, tizanidine, hydrocodone, and Pennsaid. The applicant was given diagnoses of occipital headaches/tension-type headaches, myofascial pain syndrome, chronic neck pain, chronic low back pain, sleep disturbance, depression, median neuropathy, and status post IDET (Intradiscal Electrothermal Treatment) annuloplasty procedure. The applicant's work status was not clearly stated. In a February 12, 2014 progress note, the applicant again reported multifocal low back and neck pain complaints with associated neuropathic pain about the wrist. The attending provider stated that usage of baclofen was diminishing the applicant's myofascial neuropathic pain and ameliorating the applicant's ability to perform housekeeping and care for her son. The applicant's medication list reportedly included baclofen, topiramate, tizanidine, hydrocodone, and topical Pennsaid. The applicant was asked to try and lose weight. The applicant's work

status, once again, was not clearly stated. On June 10, 2014, authorization was sought for hydromorphone, cyclobenzaprine, topiramate, and Pennsaid. The applicant's work status, again, was not clearly stated. It was stated that the applicant had gained approximately 11 pounds since the date of injury. The attending provider's progress note was difficult to follow. At times, it suggested that the applicant was using Oxycontin-acetaminophen (Percocet), while other sections of the note suggested that the applicant was using hydromorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 5mg, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic, Opioids, Ongoing Management topic. Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, it appears that the applicant is using two separate short-acting opioids, hydromorphone and Percocet. No rationale for provision of two separate short-acting opioid drugs was furnished by the attending provider. It was further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, it does not appear that the applicant has returned to work. While the attending provider is reporting that the applicant's ability to perform household chores is ameliorated as a result of ongoing hydromorphone usage, this appears to be a negligible to marginal benefit, one which is outweighed by the applicant's failure to return to any form of work and continued usage of two separate short-acting opioids, hydromorphone and Percocet. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other opioid and nonopioid agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Topiramate 25mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section. Page(s): 21, 7.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is indicated for neuropathic pain when other anticonvulsants fail and is also being investigated for an adjunct treatment for obesity, in this case, however, it was not clearly established for what purpose topiramate was being employed. It is further noted that this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, it does not appear that topiramate has been effective either in terms of promoting weight loss or in terms of generating functional improvement as defined in MTUS. The applicant has reportedly gained approximately 10 to 11 pounds, despite ongoing topiramate usage. Ongoing topiramate usage has failed to ameliorate the applicant's work status. The applicant does not appear to be working. Ongoing usage of topiramate, furthermore, has failed to curtail the applicant's consumption of opioid medications such as hydromorphone and Percocet. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Pennsaid topical Diclofenac, QTY: 3 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren has not been evaluated in the treatment of the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the spine, the body part for which topical diclofenac has not been evaluated. No rationale for selection of this particular drug in the face of the unfavorable tepid-to-unfavorable MTUS position on the same was proffered by the attending provider. It is further noted that the request in question represents a renewal prescription. The applicant has already received Pennsaid, despite tepid-to-unfavorable MTUS position on the same. The applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Pennsaid/diclofenac. The applicant seemingly remains off of work. The applicant continues to remain highly reliant and highly dependent on opioid agents such as hydromorphone and Percocet. All of the above, taken together, suggests that ongoing usage of Pennsaid/diclofenac has not been altogether successful in terms of the functional improvement parameters established in MTUS. Therefore, the request is not medically necessary.

