

Case Number:	CM14-0012986		
Date Assigned:	02/24/2014	Date of Injury:	08/01/2001
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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 Internal 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:

This is a 54-year-old with an August 1, 2001 date of injury, when she was cleaning the checkstand, while reaching out to clean the turn belt, she felt a popping sensation in the low back. A January 14, 2014 determination was modified to Topamax #30 for weaning, and Percocet #15 for weaning, and non-certified Duexis 800mg. An October 8, 2013 urine toxicology report was positive for nordiazepam, oxazepam, and temazepam. It was also positive for oxycodone and oxymorphone. It was noted that the tests results were not expected with the patient's prescribed medications. An October 8, 2013 medical report by [REDACTED] identify that the patient's medications include Protonix, Mobic, Pecocet, Flexeril, and Topamax. It is noted that pharmacologic assessment and management was performed including risks, side effects, precautions, and intake instructions. It was noted that the patient agreed to comply with medication management. The patient presented at that time with low back pain radiating to the lower extremity and tingling. A December 16, 2013 initial pain management report by [REDACTED] identified pain in the bilateral shoulders and low back with radiation to the buttock/hip into the groin and lateral hip. There was difficulty completing activities of daily living and problems sleeping at night. Exam revealed scalene tenderness, decreased cervical flexion and extension, decreased right shoulder abduction and forward flexion with positive impingement sign. Right scalene and pectoralis minor tenderness and over the arcade of Frohse. There were positive sacroiliac joint tests and decreased lumbar range of motion with moderate right greater trochanteric bursa tenderness. Recommendations include to renew Topamax 50mg po bid for right leg radiating symptoms and pain. Renew Percocet 10mg po qhs, and Duexis 800mg po tid.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 50MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-Epilepsy Drugs (AEDs) for Pain.

Decision rationale: The patient presented with neuropathic pain, for which Topamax was prescribed. ODG states that Topamax is indicated for neuropathic pain when other anticonvulsants fail. While it would be reasonable to assume that other anticonvulsants (and other first line medication) have been tried and failed given a 2001 date of injury, the medical records do not document such. In addition, there was no specific quantity requested.. The request for Topamax 50mg is not medically necessary or appropriate.

PERCOCET 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: It appears that the patient was undergoing appropriate medication management by [REDACTED] including urine toxicology testing and all the required monitoring. She was subsequently seen by [REDACTED] who recommended to continue the prescriptions. However, it is not clear if there was a transfer of care, where prescription of medications would be entirely done by [REDACTED]. In addition, the most recent urine testing was not consistent with the patient's medications. The patient was positive of oxymorphone and several benzodiazepines, which were not listed on the patient's medications. The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, and there is appropriate medication use. Furthermore, there was no specific quantity requested. The request for Percocet 10mg is not medically necessary or appropriate.

DUEXIS 800MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (ibuprofen & famotidine).

Decision rationale: According to the ODG guidelines, this medication is not recommended as a first-line drug. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. There was no clear indication for prescription of this medication as opposed to take the two constituents separately. The request for Duexis 800mg is not medically necessary or appropriate.