

Case Number:	CM14-0115772		
Date Assigned:	08/04/2014	Date of Injury:	07/31/2011
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 46 year old female who was injured on 07/31/2011 while she was lifting a lot of heavy boxes. Prior treatment history has included chiropractic care, and physical therapy (outcomes unknown); 3 SI joint injections providing her with 50% of temporary relief. Prior medication history included Cymbalta, Butrans, Norco, nortriptyline, omeprazole capsules, Topamax and Wellbutrin. Diagnostic studies reviewed include MRI of the lumbar spine dated 10/18/2012 revealed L5-S1 mild degenerative disk disease. MRI of the lumbar spine dated 10/24/2011 demonstrated L1-L2 disk bulging but no significant canal or foraminal stenosis. On progress report dated 07/25/2014, it is noted that the patient had seen [REDACTED] and his report indicates the patient presented with back pain and low back pain. She reported back stiffness, numbness in the right and left leg, and radicular pain in bilateral legs. She rated her pain as 6/10 with associated aching, throbbing, shooting spasming, stiffness and soreness. On exam, she is able heel-to-toe walk without difficulty. She is tender to superficial and deep palpation along the dorsal axial midline and tenderness to percussion of the lumbar facets bilaterally. She is tender to palpation of the posterior superior iliac spines. Range of motion is limited with pain in all planes. There is decreased sensation throughout the entire right leg with no other sensory deficits are appreciated in the dermatomal distribution between L1 and L2. Strength is 5/5 bilaterally in quads and anterior tibialis as well as hip flexors. Deep tendon reflexes are 2+ bilaterally. Straight leg raise is negative bilaterally. She has positive thigh thrust on the right. She has tenderness over the bilateral trochanteric bursae. She is diagnosed with L2-L3 disk bulging; and questionable L4-L5 and L5-s1 disk disorder with radiculopathy. Her treatment and plan included Topamax 25 mg, Medrol DosePak, and a referral to [REDACTED] for an evaluation of the lumbar spine. Prior utilization review dated 06/23/2014 states the request for an Evaluation with Spinal Surgeon [REDACTED] is denied as an evaluation is not indicated in records provided;

Medrol Dosepak is denied as there is no documented efficacy of this medication in chronic pain; and Topamax 25 mg, 4 tablets twice daily, count 240 is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with Spinal Surgeon [REDACTED] Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations page(s) 503.

Decision rationale: The issue is a spinal surgeon consult and evaluation. The indications for this consult would be a neurological deficit on exam or a grossly abnormal image that correlated with the exam; neither is present. The diagnosis is most likely a facet sprain/degeneration with sacroiliac dysfunction. Temporary relief was obtained with sacroiliac injections; however, sacroiliac dysfunction is not an isolated condition. Facet joints are always involved. The spine surgeon and medicines are not medically necessary.

Medrol Dosepak: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medrol Dosepak.

Decision rationale: The ODG states Medrol Dosepak is "not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided." Based on the medical records reviewed, there is no indication for this patient to be given this medication. As such, the request is not medically necessary.

Topamax 25 mg, 4 tablets twice daily, count 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: Topamax is a seizure medicine also used for migraine headaches. There is no indication for this medication in this patient. As such, this medication is not medically necessary.