

Case Number:	CM14-0125973		
Date Assigned:	08/13/2014	Date of Injury:	03/05/2012
Decision Date:	09/19/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 44 year old female who reported an injury utilization review dated 08/05/14 resulted in denials for Percocet, Celebrex and Topamax. The injured worker was previously recommended for weaning off of Percocet. Therefore, the additional request was recommended for non-certification. No objective data had been submitted regarding positive response to Celebrex. Therefore, the recommendation was for non-certification. No information was submitted regarding efficacy of Topamax. Therefore, the request was non-certified. A clinical note dated 04/28/14 indicated the injured worker complaining of cervical spine, mid back, and low back pain rated 2-7/10. The injured worker had 50% pain relief with ongoing pharmacological interventions. Therapy note dated 08/20/13 indicated the injured worker completing 23 physical therapy sessions to date. Qualified medical evaluation dated 05/05/14 indicated the injured worker previously undergoing numerous treatments including injections and acupuncture. The initial injury occurred when she was assisting a resident into the bathroom when their legs gave out on them. The injured worker weighed approximately 350 pounds. The injured worker immediately reported low back pain. The injured worker underwent massage and massage therapy and chiropractic manipulation. Clinical note dated 01/28/14 indicated the injured worker continuing with complaints of low back pain described as a burning and tight sensation with spasms and clamps. Numbness and weakness was identified in bilateral lower extremities. The injured worker reported ongoing low back pain radiating into the lower extremities rated 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #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 Page(s): 77.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. No recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Celebrex 200mg #30 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. There is no documentation that monitoring has been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.

Topamax 25mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Recommended for neuropathic pain. The documentation indicates the injured worker having complaints of radiating pain from the low back into the low back.

However, no objective data was submitted confirming the injured worker's positive response to the use of this medication. Given the lack of information, the request is not indicated.