

Case Number:	CM14-0127947		
Date Assigned:	08/15/2014	Date of Injury:	05/18/2001
Decision Date:	09/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family 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 injured worker's date of injury is 05/18/2001. The history of the original injury was not provided. Medical records covering the recent history of the patient, the recent physical exam, results of imaging, and medications tried and failed were not provided. Another reviewer states that the patient receives treatment for chronic neck and low back pain. Medical diagnoses include: cervical and lumbar disc degeneration with radiculopathy, plus shoulder joint pain. On exam the patient showed a normal gait. There was a positive SLR exam on the right leg and absent reflexes on the right knee and ankle. This review covers four different medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month Supply of Topamax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18.

Decision rationale: Topamax may be medically indicated for treating painful polyneuropathy or post herpetic neuralgia. Topiramate is not medically indicated to treat axial low back pain. The

documentation from the available medical records does not define exactly what diagnosis is being treated. Topamax is not medically necessary.

1 month Supply of Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-84.

Decision rationale: In general opioids are not recommended for the long term treatment of osteoarthritis or neuropathic pain. The medical records provided do not make clear what diagnosis tramadol is to treat. Tramadol is not medically necessary.

1 month Supply of Pantoprazole Delayed-Release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Pantoprazole is a proton pump inhibitor (PPI), which may be medically indicated for patients taking an NSAID or oral steroid for which these drugs might cause a gastrointestinal complication. There is no documentation of this problem. Pantoprazole is not medically necessary.

1 month Supply of Orphenadrine Extended Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: Orphenadrine is considered an anti-spasmodic, used as a muscle relaxer. This class of medication may be useful as a second-line agent for the short-term treatment of acute flare ups of low back pain. There is no documentation to support its use in this case. Based on the documentation orphenadrine is not medically necessary.