

Case Number:	CM14-0155322		
Date Assigned:	09/25/2014	Date of Injury:	10/18/2000
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation and 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 55-year-old male who reported injury on 10/18/2000. The mechanism of injury, diagnostic studies, other therapies and the surgical history were not provided. The injured worker was noted to be utilizing opioids and antiepileptic medications since at least 01/2014. The documentation of 07/01/2014, revealed the injured worker had a complaint of low back pain. The injured worker's current medications were noted to be Nucynta 75 mg tablets 1 every 4 to 6 hours as needed, Topamax 100 mg 1 at bedtime, and Naprosyn 500 mg tablets twice a day. The documentation indicated the injured worker's past surgical history was noncontributory. The physical examination revealed the injured worker's gait was mildly analgic. The injured worker had tenderness at the facet joints of the lumbar spine. The injured worker had pain upon extension and rotation. The diagnoses included lumbar facet arthropathy and lumbar discogenic spine pain. A urine drug screen was ordered. The documentation indicated the injured worker was doing well with Nucynta and had failed Percocet and Norco. The documentation noted that the injured worker was utilizing Topamax for pain and that it was not started for possible seizure activity per the physician documentation. There was no rationale submitted for Tylenol No. 4. There was no Request for Authorization submitted for Tylenol No.4 and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #4, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. The duration of use for the opiate classification of medications was since at least 01/2014. There was a lack of documentation of objective functional improvement, documentation of an objective decrease in pain and documentation of side effects. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for of Tylenol with Codeine No.4, #120 is not medically necessary.

Topamax 100mg #30 (Refill: 1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topomax) Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on the medication since at least 01/2014. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Topamax 100 mg #30, refill 1 is not medically necessary.