

Case Number:	CM14-0156650		
Date Assigned:	09/26/2014	Date of Injury:	06/26/1997
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/24/2014

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 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 female who reported an injury on 06/26/1997. The mechanism of injury was not provided. The injured worker's diagnoses included CRPS, carpal tunnel syndrome, and fibromyalgia. The injured worker's past treatments included medications and therapy. On the clinical note dated 08/19/2014, the injured worker complained of multifocal body pain, bilateral hand and leg pain. The injured worker had sensation that was grossly intact to the upper and lower extremities, a contracture to the 4th and 5th fingers of the left hand with signs of muscle atrophy to the upper extremity, and stiffness with range of motion. The injured worker's medications included Percocet 10/325 mg 3 times a day, baclofen 10 mg one half to 1 tablet nightly, ibuprofen 600 mg daily as needed, Neurontin 800 mg 4 times a day as needed, Prevacid 30 mg twice a day, and Zantac 150 mg twice a day as needed. The injured worker reports Zantac and Prevacid help with GI upset. The injured worker denies nausea and reports constipation that varies with diarrhea. The request was for baclofen 10 mg #30, nortriptyline 10 mg #60, Topamax 25 mg #90, and Lomotil 2.5-0.025 #60. The rationale for the request is ongoing pain management. The Request for Authorization form was submitted on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Baclofen 10mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT, Page(s): 63-66.

Decision rationale: The injured worker is diagnosed with CRPS, carpal tunnel syndrome, and fibromyalgia. The injured worker complains of multifocal body pain, bilateral hand and leg pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Baclofen is recommended for a short course of therapy. This medication is not recommended to be used longer than 2 to 3 weeks. The injured worker has been prescribed baclofen since at least 12/17/2013. There was a lack of documentation that indicates the injured worker has decreased functional deficits. There was a lack of documentation of the efficacy of the medication regimen, the time frame of efficacy, the efficacy of functional status that the medication provided, and the pain rating pre and post medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for 1 prescription of baclofen 10 mg #30 with 2 refills is not medically necessary.

1 prescription of Nortriptyline 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANT, Page(s): 13-16.

Decision rationale: The injured worker is diagnosed with CRPS, carpal tunnel syndrome, and fibromyalgia. The injured worker complains of multifocal body pain, bilateral hand and leg pain. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and is a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating changes in use of other analgesic medications, sleep quality and duration, and a psychological assessment. Additionally, the request does not indicate the frequency of the medication. As such, the request for 1 prescription of nortriptyline 10 mg #60 with 2 refills is not medically necessary.

1 prescription of Topamax 25mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY Page(s): 18.

Decision rationale: The injured worker is diagnosed with CRPS, carpal tunnel syndrome, and fibromyalgia. The injured worker complained of multifocal body pain, bilateral hand and leg pain. The California MTUS Guidelines recommend anti-epileptic drugs for neuropathic pain. Topiramate has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The injured worker's medical records lacked documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and post medication. The medical records lacked documentation of failure of other anticonvulsant medications. Additionally, the request does not indicate the frequency of the medication. As such, the request for 1 prescription of Topamax 20 mg #90 with 2 refills is not medically necessary.

1 prescription of Lomotil 2.5-0.025 #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/loperamide>

Decision rationale: The injured worker is diagnosed with CRPS, carpal tunnel syndrome, and fibromyalgia. The injured worker complains of multifocal body pain, bilateral hand and leg pain. The Drugs.com website for loperamide states loperamide slows the rhythm of digestion so that the small intestines have more time to absorb fluid and nutrients from the foods you eat. Loperamide is used to treat diarrhea. Loperamide is also used to reduce the amount of stool in people who have an ileostomy. The injured worker's medical records lacked documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides. There is a lack of documentation indicating the rationale for the request of Lomotil. The injured worker reports having constipation that varies with diarrhea. Additionally, the request does not indicate the frequency of the medication. As such, the request for 1 prescription of Lomotil 2.5-0.025, #60 with 2 refills, is not medically necessary.