

Case Number:	CM14-0158538		
Date Assigned:	10/02/2014	Date of Injury:	06/23/2003
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/26/2014

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, has a subspecialty in Interventional Spine 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 patient is a 57 years old female with an injury date on 06/23/2003. Based on the 08/18/2014 progress report provided by [REDACTED], the diagnosis is: 1. Lumbar radiculopathy secondary to failed back surgery syndrome. According to this report, the patient complains of the low back that is rated as a 9/10 and severe insomnia. The patient noted on "Patient Comfort Assessment Guide" that the pain levels interfered with her general ADL 10/10; mood 10/10; normal work 10/10; sleep 10/10; enjoyment of life 10/10; ability to concentrate 7/10; relations with other people 10/10. Physical exam reveals the patient is unable to perform heel and toe walks. Tenderness to palpation is noted over the lumbar spine and thoracic spine. Range of motion of the lumbar spine and thoracic are restricted due to pain. Sciatic and femoral tension sign were positive, bilaterally. Decreased sensation to light touch is noted over the lumbar spine. The 06/02/2014 report indicates the patient's pain level is at a 9-10/10, "medications are not helping". The 02/10/2014 report indicates the patient's pain level is at a 8-9/10. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/13/2014 to 09/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Pain Assessment Criteria For Use Of Opioids Opioid for chronic.

Decision rationale: According to the 08/18/2014 report by [REDACTED] this patient presents with the low back and severe insomnia. The treater is requesting Norco 10/325 mg #135. Norco was first mentioned in the 01/13/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Norco. The patient continues to suffer with severe pain, pain levels at 9-10/10; apparently the "medications are not helping." The treater does not address the efficacy of the medication. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines therefore request is not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic drugs, Medications for chronic pain Page(s): 16-17, 60-61.

Decision rationale: According to the 08/18/2014 report by [REDACTED] this patient presents with the low back and severe insomnia. The treater is requesting Topamax 50mg #60. Topamax was first mentioned in the 01/13/2014 report; it is unknown exactly when the patient initially started taking this medication. According to MTUS Guidelines page 21, "Topiramate (Topamax) 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Review of reports indicate that the patient has neuropathic pain. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. However, the treater does not mention that this medication is working.

There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain therefore request is not medically necessary.