

Case Number:	CM14-0158767		
Date Assigned:	10/02/2014	Date of Injury:	02/05/2010
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Rehabilitation & Pain Management 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 67 year old male with an injury date of 02/05/10. The 09/02/14 report by [REDACTED], PA-C supervised by [REDACTED], states that the patient presents with persistent lower back pain radiating down the right lower extremity with associated muscle spasms especially in the anterior right thigh. The reports state that the patient will not be able to return to his primary occupation, but it is not clear if the patient is working. The patient has antalgic gait. No other deficiencies are noted on the examination. The patient's diagnoses include: Syndrome postlaminectomy lumbar Stenosis spinal lumbar. Current medication is listed as, Pantopazole-protonix, Docuprene, Tramadol Hcl ER, Topiramate-topomax, Quetiapine Femarate-seroquel, Lisinopril, and Atenolol. The utilization review being challenged is dated 09/19/14. Reports were provided from 12/17/13 to 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tramadol HCL ER 150mg #30 QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Guidelines states CRITERIA FOR USE OF OPIOIDS MTU.

Decision rationale: The patient presents with persistent lower back pain radiating to the right lower extremity with muscle spasms. The treating physician requests for Tramadol (an opioid) HCL ER 150 mg #30 Qty 60. Reports provided show the patient has been using this medication since at least 12/17/13. 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. The reports provided show that pain level is discussed on 02/25/14 rated 5-7/10. No other reports utilized pain scales. On 09/02/14 the treating physician states the medication is helpful for the patient's pain and function. Discussion reveals that the patient recently completed a functional rehabilitation program and would be traveling to South America in September 2014. No other specific ADLs are mentioned to show a significant change of use with this medication. Opioid management issues are not addressed and no urine toxicology reports are provided or discussed. In this case, there is not sufficient documentation of long term opioid use as required by MTUS. Therefore, the request is not medically necessary.

1 prescription for Topiramate-Topomax 25mg #60 QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Topomax Page(s): page 21,.

Decision rationale: The patient presents with persistent lower back pain radiating to the right lower extremity with muscle spasms. The treating physician requests for Topiramate-Topomax 25 mg #60 Qty 120. The reports provided show that the patient has been using this medication since at least 01/28/14. MTUS page 21, Topomax, states the medication, "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 treating physician states the medication is to be used for pain; however, the reports provided do not discuss its benefit to the patient. There is no discussion regarding the failure of other anticonvulsants. Lacking documentation of benefit to the patient, the request is not medically necessary.

1 prescription for quatiapine femarate-seroquel 25mg #60 QTY:60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress (updated 04/09/14) Atypical antipsychotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG guidelines Mental Illness & Stress Chapter Quetiapine (Seroquel) Topic

Decision rationale: The patient presents with persistent lower back pain radiating to the right lower extremity with muscle spasms. The treating physician requests for Quatrapine femerale-Seroquel 25 mg #60 Qty 60. The records provided show the patient has been taking this medication since at least 01/28/13. MTUS is silent on this medication. ODG guidelines Mental Illness & Stress Chapter Quetiapine (Seroquel) Topic states, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG." The treating physician states that the medication is to be used as an anti-depressant and for sleep. The 02/25/14 report states it provides significant relief of insomnia for the patient. There is no discussion regarding this medication as second line treatment. Therefore, lacking recommendation by ODG, the request is not medically necessary.

1 prescription for Pantoprozole-protonix 20mg #60 QTY:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain chapter, Proton pump inhibitors (PPIs) Topic

Decision rationale: The patient presents with persistent lower back pain radiating to the right lower extremity with muscle spasms. The treating physician requests for Pantoprazole-Protonix (a PPI) 20 mg #60 Qty 120. The reports provided show the patient has been taking this medication since at least 12/17/13. MTUS is silent on this specific PPI. ODG Pain chapter, Proton pump inhibitors (PPIs) Topic, states, "Recommended for patients at risk for gastrointestinal events." The reports provided document GI upset and GERD in the patient and the 02/25/14 report discusses stomach upset. In this case, the reports indicate the treating physicians concern about gastrointestinal events for which this medication is intended and which is recommended by ODG. The request is not medically necessary.