MAXIMUS Federal Services

Case Number:	CM14-0185114		
Date Assigned:	11/13/2014	Date of Injury:	06/02/2014
Decision Date:	12/31/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 44 year-old female with a date of injury of June 2, 2014. The patient's industrially related diagnoses include chronic myofascial pain syndrome over the thoracolumbar spine, left foot and ankle severe sprain and positive talar avulsion fracture. Left ankle x-ray was done on 7/7/2014 and x-ray of the left tibia and fibula was done on 6/18/2014. On 8/8/2014 the injured worker had an MRI of the left ankle that showed tendonitis of the medial collateral ligament and on 8/6/2014 MRI of the left foot showed a small amount of fluid in the tibiotalar and subtalar space suggesting possible small previous fracture. The disputed issues are Hydrocodone/APAP 10/325mg #120, Topiramate 50mg #90, and orthopedic consultation for left ankle injury. A utilization review determination on 10/24/2014 had non-certified these requests. The stated rationale for the denial of hydrocodone/APAP was that there was a "lack of documentation of significant and sustained functional improvement, or ability to return to work associated with the chronic opioid treatment" and UDS results were not provided. The stated rationale for the denial of Topiramate was: "CA MTUS guidelines do not support treatment with anticonvulsant medications in the absence of peripheral neuropathic pain. There are no findings or diagnosis of peripheral neuropathy (poly versus mono). Certification is not recommended for Topiramate/Topamax." Lastly, the stated rationale for the denial of orthopedic consult was: "There is no documentation of conservative management (physical rehabilitation, ice, independent ROM exercises) or workup (x-ray) documented."

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /APAP 10/325mg #120 for 6 weeks, one tab Q8H: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: With regard to the request for Hydrocodone/APAP 10/325mg, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. While pain relief and functional improvement was well documented, there was limited discussion regarding possible aberrant drug-related behavior. The treating physician did document that there was no abuse, diversion, or hoarding of the prescribed medication; however, there was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent [redacted] report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit, or supplies the requisite monitoring documentation to continue this medication. Therefore, this request is not medically necessary.

(Decrease) Topiramate 50mg #90 for 6 weeks, one tab BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 16-21.

Decision rationale: Regarding the request for Topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for

review, there was identification of pain relief and no documentation of specific objective functional improvement. The utilization reviewer non-certified the request because there were no findings or diagnosis of peripheral neuropathy. However, the treating physician documented that the EMG/NCV on 9/16/2014 showed mild bilateral L4/L5 radiculopathy and the injured worker was diagnosed with radiculopathy. In light of the documentation in the progress report dated 10/14/2014, the currently requested Topiramate (Topamax) is medically necessary.

Ortho Consult for left ankle injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (text, page 127): Consultation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, page 127

Decision rationale: Regarding the request for orthopedic consultation for the left ankle, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The utilization reviewer denied the request for orthopedic consult stating: "There is no documentation of conservative management." However, within the documentation available for review, the treating physician documented that the injured worker was treated conservatively with Celebrex and physical therapy, but symptoms persisted. In the case of this injured worker, a consultation with an orthopedist is appropriate to address the current symptoms. Therefore, the request for orthopedic consultation is medically necessary.