MAXIMUS Federal Services

Case Number:	CM14-0185228		
Date Assigned:	11/14/2014	Date of Injury:	06/17/2008
Decision Date:	12/22/2014	UR Denial Date:	10/31/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old man with sustained a work-related injury on June 17, 2008. Subsequently, the patient developed chronic back pain. According to a progress report dated on April 8, 2014, the patient continued to have lumbar spine pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion.According to a progress report dated on October 22, 2014, the patient continued to have back pain despite continued use of Oxycodone. The patient was treated with the Celebrex, Elavil, Lyrica, Topamax, Oxycodone Tizanidine, Flexeril and Voltaren without full control of the pain. The patient MRI performed on 3/17/2014 demonstrated the herniated disc at L4-L5 displacing the L5 nerve roots. The patient physical examination demonstrated posterior bursa tenderness. The provider requested authorization for the following procedures and treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment at weight loss clinic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM American College of Occupational and Environmental Medicine, Occupation Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 123; Independent Medical Examinations..

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 (Furlow and Anderson, 2009) Furlow EA and Anderson JW (2009) A systematic review of targeted outcomes associated with a medically supervised commercial weight-loss program. Journal of the American Dietetic Association 109:1417-1421

Decision rationale: There is no documentation of obesity that requires a consultation for a weight loss program. There is no documentation that non supervised modalities of weight loss failed to control the patient weight. There is no documentation how weight loss will impact the patient pain and function. Therefore, the request for Consultation and treatment at weight loss clinic is not medically necessary.

Oxycodone HCL 30mg QTY: 540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute pot operative pain. It neither is nor did recommend for chronic pain of long-term use as prescribe in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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.There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. Based on the above, the prescription of Oxycodone HCL 30mg QTY: 540 are not medically necessary.

Topamax 25mg QTY: 270: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Other Medical Treatment Guideline or Medical Evidence: Topamax http://www.rxlist.com/topamax-drug/side-effects-interactions.htm.

Decision rationale: Topamax (Topiramate) Tablets and Topamax (Topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-chronic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic headache in this patient. There is no documentation that the patient have functional improvement of previous use of Topamax. Therefore the prescription of Topamax is not medically necessary.

Lyrica 75mg QTY: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, Lyrica is anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for neck pain. Therefore, Lyrica 75mg #60 is not medically necessary.

Urine Toxicology Screen QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misuse/Addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting Urine Toxicology Screen. Therefore, the request for Urine Toxicology Screen QTY: 1 is not medically necessary.