

Case Number:	CM14-0022177		
Date Assigned:	05/09/2014	Date of Injury:	09/29/2007
Decision Date:	07/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Internal Medicine and is licensed to practice in Virginia and the District of Columbia. 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:

This is a 46 year old patient who sustained injury on Sept 29, 2007 and had ongoing issues with neck and lower back pain, as well as headaches. He was seen on July 31, 2013 and was prescribed: Percocet, Neurontin, Colace, Zanaflex and Topamax 25mg. He was seen again on September 25, 2013 for the same issues and was prescribed: Percocet, Neurontin, Colace, Zanaflex and Topamax. His Topamax was increased to 50mg. On November 19, 2013 he was prescribed: Percocet, Neurontin, Colace, Zanaflex and Topamax 50mg. There were no new findings on physical examination. On February 12, 2014 he was noted to have pain with lateral bending, and was prescribed: Percocet, Neurontin, Colace, Zanaflex and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE Page(s): 75,92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,92.

Decision rationale: The patient had ongoing back pain issues and was given Percocet. Percocet contains Oxycodone and Acetaminophen. Oxycodone, being an opiate, has habit-forming

properties and the duration of therapy should be outlined, as well as the response to therapy. From the clinical documentation provided, it does not appear the patient had any improvement despite being on this medication. As such, the request is not medically necessary.

ZANAFLEX 4MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS- TIZANIDINE Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,111.

Decision rationale: As per MTUS guidelines, this medication is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. There is no specific outline for the duration of therapy for this medication. It is medically indicated for this patient under the appropriate dosage guidelines, which were followed by the prescribing physician. As such, the request is medically necessary.

TOPAMAX 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 16-19, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21.

Decision rationale: The patient had chronic back pain following an injury. The clinical documentation provided did not suggest the patient had neuropathic pain, as the MTUS would advise for appropriate indication for administration. As such, the request is not medically necessary.

TOPAMAX 25MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs) Page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21.

Decision rationale: The patient had chronic back pain following an injury. The clinical documentation provided did not suggest the patient had neuropathic pain, as the MTUS would advise for appropriate indication for administration. As such, the request is not medically necessary.