

Case Number:	CM14-0027927		
Date Assigned:	06/13/2014	Date of Injury:	05/15/2009
Decision Date:	07/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 Physician 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 51-year-old female who reported an injury on 05/15/2009 who sustained a work related injury from unloading a van of flowers when she stepped on the curb sprained her left foot and ankle. On 09/07/2010 she underwent an arthroscopic ankle procedure with lateral ankle stabilization. On 01/14/2014 the injured worker complained of lower back and left leg pain radiating in her left leg. It was noted that she had chronic paresthesias in her left foot and ankle. On the physical examination it revealed stable strength in her lower extremities and her reflexes and patella and Achilles tendon were intact. There was no VAS (visual analog scale) score measurements documented for the injured worker. The diagnoses included left lower tibial neuritis, chronic left L5 lumbar radiculopathy and neurogenic pain syndrome, left lower extremity. It was noted the injured worker's past treatment included physical therapy, cortisone injections and epidural injections. The injured worker's medications include Topamax 75mg and Norco 5/325mg. The treatment plan included request for a decision for Norco 5/325mg #30 with 2 refills and Topamax 25mg #90 with 5 refills. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 5/325 mg #30 with 2 refills is not medically necessary. On 01/14/2014 the injured worker complained of lower back and left leg pain radiating in the left leg. The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation stating the efficacy of the Norco 10/325 mg. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was a urine drug screen submitted for the injured worker to identify the injured worker's ongoing compliance with the regimen of the Norco 5/325mg. In addition, the request does not include the frequency. Given the above, the request for the ongoing use of Norco is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such the request is not medically necessary.

TOPAMAX 25 MG #90 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-epileptic Drugs Page(s): 21.

Decision rationale: The request for Topamax 25mg #90 with 5 refills is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines, Topamax has 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The documentation provided on 01/14/2014 indicated the injured worker to have a history of tibial neuropathy and lumbar radiculopathy pain syndrome. The injured worker has been using Topamax 25mg for analgesia. There was no VAS scale measurement provided for the injured worker while taken Topamax to indicate pain relief and the request did not include the frequency. Given the above, the request for Topamax 25mg #90 with 5 refills is not medically necessary.