

Case Number:	CM14-0028222		
Date Assigned:	06/20/2014	Date of Injury:	07/15/2008
Decision Date:	07/29/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/05/2014

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, 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 38-year-old female with a reported injury on 07/15/2008. The mechanism of injury was while the injured worker was transferring a patient, the patient went limp and held onto her shoulders causing the injured worker low back pain. The injured worker did have an exam on 01/27/2014. She had complaints of asthma, degeneration of the lumbosacral intervertebral disc, and migraine headaches. Her medications list consisted of Vigamox, hydrocodone/acetaminophen, topiramate, naproxen, and fluoxetine. Over the years, the injured worker has had physical therapy, adjustments, steroid injections, which reportedly helped. She has had an MRI, which revealed the L5 spine disc disease. The injured worker also had an exam to followup on 02/06/2014 where it was just a followup for her lumbar spine where she describes her back pain as midline to lower back as aching, stabbing, and tingling. Her pain was on a level of a 4/10. Her medications at that time were Topamax, loratadine, ferrous sulfate, and Prozac. There was no efficacy of the medications provided and there was no documentation of any home exercise program or physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Hydrocodone/acetaminophen 5/500MG (Pharmacy Comp/Disp Serv): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 76, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The request for Medication: Hydrocodone/acetaminophen 5/500 MG (Pharmacy Comp/Disp Serv) is not medically necessary. The California Guidelines recommend for ongoing therapy that there is an ongoing monitoring of 4 domains, which would be pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. There is no documentation regarding the efficacy of the medication. There is also no evidence of a psychological evaluation. There are no physical functioning deficits provided. There is not a urinalysis drug screen provided to be able to determine the potential drug related behaviors. Furthermore, the directions are not specified as to duration and frequency of the medication. Therefore, the request for Medication: Hydrocodone/acetaminophen 5/500 MG (Pharmacy Comp/Disp Serv) is not medically necessary.

Medication- Fluoxetine 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. SSRIs Page(s): 13-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): page(s) 107.

Decision rationale: The request for Medication - Fluoxetine 20 mg is not medically necessary. The California MTUS Guidelines do recommend that the SSRI is not recommended as a treatment for chronic pain but may be a treatment for treating secondary depression. There is no documentation of any kind of depression. There is not a psychiatric evaluation. Furthermore, the directions are not specified on the request for duration and frequency. Therefore, the request for Medication - Fluoxetine 20 mg is not medically necessary.

Medication: Vigamox 0.5% eye drops: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye, Topical nonsteroidal anti-inflammatory drugs (NSAIDs).

Decision rationale: The request for Medication: Vigamox 0.5% eye drops is not medically necessary. There are no Guidelines in the California MTUS or the ACOEM that addresses this issue. The Official Disability Guidelines do suggest the nonsteroidal anti-inflammatory drugs for the treatment of traumatic corneal abrasions. There is no documentation regarding any kind of abrasion or any kind of eye symptoms. The request did not have directions as to the duration or frequency. Therefore, the request for Medication: Vigamox 0.5% eye drops is not medically necessary.

Medication: Topiramate 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 25, 30, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Medication: Topiramate 200 mg is not medically necessary. The California Guidelines recommend anti-epileptic drugs for neuropathic pain. There is no documentation provided that this is neuropathic pain, although this medication, specifically topiramate, has been shown to have a variable efficacy with failure to demonstrate efficacy on the neuropathic pain. Furthermore, the request does not provide directions as to frequency and duration. Therefore, the request for Medication: Topiramate 200 mg is not medically necessary.

Medication: Naproxen 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 31, 67, and 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for Medication: Naproxen 500 mg is not medically necessary. The California MTUS Guidelines do state that NSAIDs are recommended at the lowest dose for a short period of time for patients with moderate to severe pain. There is no evidence to recommend one particular drug in this class over another based on its efficacy. For chronic back pain, the Guidelines also recommend it as a second line of treatment after Tylenol. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Furthermore, this request also does not state directions regarding frequency and duration. Therefore, the request for Medication: Naproxen 500 mg is not medically necessary.