

Case Number:	CM14-0034538		
Date Assigned:	06/23/2014	Date of Injury:	09/11/2000
Decision Date:	07/24/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 57-year-old female injured on September 11, 2000. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated December 16, 2013, indicated that there were ongoing complaints of low back pain, left leg pain, neck pain, and numbness and tingling in both hands. Current treatment included the use of a transcutaneous electrical nerve stimulation (TENS) unit, Lidoderm, Relafen, Icy hot, Prilosec and Norco. The physical examination demonstrated tightness and tenderness of the bilateral lumbar paraspinal muscles. Diagnostic imaging studies objectified a 5 mm disc protrusion at L4-L5 and a 5 to 6 mm disc extrusion at L5-S1. A request had been made for Metamucil, Norco, Topamax and Provigil and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

METAMUCIL POWDER QTY 30 DAY SUPPLY- 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 of 127.

Decision rationale: Metamucil is often used to treat constipation secondary to opioid medications. As Norco has been determined not to be medically necessary, neither is this request for Metamucil.

NORCO 10/325 QTY 120 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 of 127.

Decision rationale: According to the attached medical record, there was no documentation of the efficacy of Norco for the injured employee. There was no objective measure of pain relief, ability to increase function, or ability to assist with activities of daily living and return to work. For these reasons, this request for Norco is not medically necessary.

PROVIGIL 100 MG QTY 30, 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 of 127.

Decision rationale: Provigil is a stimulant medication used to treat disorders associated with decreased attention. It appears that in this setting it is being used to offset some of the sedation affects of Norco. As Norco is no longer determined to be medically necessary, neither is this request for Provigil.

TOPAMAX 100 MG QTY 30 2 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Topamax, updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, Topamax has had variable efficacy and failure to demonstrate relief of neuropathic pain, and the use of this medication is not recommended. Additionally, there was no mention in the attached medical record of the failure first line medication such as gabapentin. This request for Topamax is not medically necessary.