

Case Number:	CM14-0035549		
Date Assigned:	09/05/2014	Date of Injury:	07/15/2006
Decision Date:	10/10/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 request for topiramate 50 mg #60 is not medically necessary. The injured worker complained of back pain, stomach pain, and feet pain rated 5/10. The California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. The guidelines state topiramate has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use of neuropathic pain when other anticonvulsants fail. After initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. The medical records indicate the injured worker has been on topiramate 50 mg since at least 12/30/2013. There is a lack of documentation of the failure of other anticonvulsants. There is a lack of documentation of efficacy of the medication, side effects, and objective functional improvements. Additionally, the request does not indicate the frequency of the medication. As such, the request for topiramate 50 mg #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physiotherapy 3 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS Postsurgical Guidelines, Postoperative Physical Therapy is supported following lumbar decompression surgery up to 16 visits with an initial trial of eight visits. The clinical information submitted for review indicated that the injured worker had been recommended and approved for a lumbar decompression surgery at L4-5. Therefore, an initial trial of postoperative physical therapy would be supported. However, the request for physical therapy 3 times a week for 6 weeks exceeds the guideline recommendation for an initial trial of eight visits. Consequently, the request is not medically necessary.

MS Contin 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use, On-going Management Page(s): 78..

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker's pain was not controlled with the use of MS-Contin and Nucynta, as he rated his pain 7/10 at his 03/12/2014 follow-up visit. A detailed pain assessment with pain values with and without medication was not provided to verify pain relief with opioid medication use. In addition, the documentation did not address whether he had increased function with use of opioid medications and whether he had reported adverse side effects. In addition, the documentation did not address whether he had showed any aberrant drug taking behaviors and what his risk level for abuse and noncompliance is in order to determine the frequency of urine drug screens. His previous urine drug screen performed on 02/14/2014 was noted to have revealed inconsistent results with evidence of morphine (which was consistent), but additional evidence of hydromorphone (which was not noted on his medication list), and the absence of Temazepam (which was noted on his medication list). Therefore, documentation is needed regarding these inconsistent results and the injured worker's risk stratification. In the absence of this documentation, the continued use of opioid medications is not supported. Moreover, the request failed to indicate a frequency and quantity. As such, the request is not medically necessary.

Norco 10/325: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information

submitted for review indicated that the injured worker's pain was not controlled with the use of MS-Contin and Nucynta, as he rated his pain 7/10 at his 03/12/2014 follow-up visit. A detailed pain assessment with pain values with and without medication was not provided to verify pain relief with opioid medication use. In addition, the documentation did not address whether he had increased function with use of opioid medications and whether he had reported adverse side effects. In addition, the documentation did not address whether he had showed any aberrant drug taking behaviors and what his risk level for abuse and noncompliance is in order to determine the frequency of urine drug screens. His previous urine drug screen performed on 02/14/2014 was noted to have revealed inconsistent results with evidence of Morphine (which was consistent), but additional evidence of Hydromorphone (which was not noted on his medication list), and the absence of Temazepam (which was noted on his medication list). Therefore, documentation is needed regarding these inconsistent results and the injured worker's risk stratification. In the absence of this documentation, the continued use of opioid medications is not supported. Moreover, the request failed to indicate a frequency and quantity. As such, the request is not medically necessary.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines, Zanaflex is FDA approved in the management of spasticity and is used off label for low back pain. In general, the guidelines state that muscle relaxants should only be used for short courses of therapy. The clinical information submitted for review indicated that Zanaflex was prescribed for spasm. However, the injured worker was not noted to have subjective or objective findings consistent with spasm. In addition, details were not provided indicating the duration of use of Zanaflex or whether this was a new prescription. In the absence of further details regarding the use of this medication with outcomes of use if this is an ongoing prescription, the request is not supported. In addition, the request failed to indicate a frequency and quantity. For the reasons noted above, the request is not medically necessary.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines, Zanaflex is FDA approved in the management of spasticity and is used off label for low back pain. In general, the guidelines state that muscle relaxants should only be used for short courses of therapy. The clinical

information submitted for review indicated that Zanaflex was prescribed for spasm. However, the injured worker was not noted to have subjective or objective findings consistent with spasm. In addition, details were not provided indicating the duration of use of Zanaflex or whether this was a new prescription. In the absence of further details regarding the use of this medication with outcomes of use if this is an ongoing prescription, the request is not supported. In addition, the request failed to indicate a frequency and quantity. For the reasons noted above, the request is not medically necessary.