

Case Number:	CM14-0038311		
Date Assigned:	06/25/2014	Date of Injury:	02/23/1999
Decision Date:	08/20/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in 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 injured worker is a 50-year-old male who reported an injury on 02/23/1999. The mechanism of injury was not provided. The documentation that was closest to the date of service was dated 03/18/2013. There was no documented office note or DWC Form RFA (request for authorization) for the requested date of service. The documentation of 03/18/2013 revealed that the injured worker was to continue Topamax 200 mg 1 tablet twice a day, Cymbalta 1 capsule once a day, Skelaxin 800 mg one 3 times a day, Neurontin 300 mg one 3 times a day, tizanidine 4 mg 3 tablets every 8 hours and Norco 10/325 mg 1 to 2 tablets every 4 to 6 hours as needed for pain with a maximum of 8 in 24 hours and to continue tramadol 50 mg 1 to 2 tablets orally every 4 to 6 hours with a maximum of 8 per day. Additionally, the injured worker was to continue Celebrex 200 mg 1 twice a day, sumatriptan solution 6 mg/0.5ml subcutaneously once a day and Treximet 500 mg/85 mg 1 tab once a day. The diagnoses on that date included chronic pain syndrome and migraine headaches. Prior therapy and diagnostic studies were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta Date of service (DOS) 3/3/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement, to include an assessment of the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation for the requested date of service. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency and the strength as well as the quantity of the medication being requested. Given the above, the request for Cymbalta with a date of service (DOS) of 03/03/2013 is not medically necessary.

Tramadol HCL DOS (Date of service) 3/3/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain as well as documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of the above criteria. There was a lack of documentation for the requested date of service. The request as submitted failed to indicate the frequency, quantity and strength of the requested medication. Additionally, the duration of use could not be established through the supplied documentation. Given the above, the request for tramadol HCl with a date of service (DOS) of 03/03/2013 is not medically necessary.

Topiramate DOS (Date of service) 3/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease of pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide a PR-2 for the requested date of

service. There was a lack of documentation of the above criteria. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency, quantity and strength of the requested medication. Given the above, the request for topiramate with a date of service (DOS) of 03/1/2013 is not medically necessary.

Tizanidine HCL DOS (Date of service) 3/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of a PR-2 for the requested date of service. The duration of use could not be established. The request as submitted failed to indicate the frequency, strength and quantity for the requested medication. Given the above, the request for tizanidine HCL with a date of service (DOS) of 03/01/2013 is not medically necessary.

Hydrocodone/Acetaminophen DOS (Date of service) 3/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain as well as documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of the above criteria. There was a lack of documentation for the requested date of service. The request as submitted failed to indicate the frequency, quantity and strength of the requested medication. Additionally, the duration of use could not be established through the supplied documentation. Given the above, the request for hydrocodone/acetaminophen with a date of service (DOS) of 03/01/2013 is not medically necessary.