

Case Number:	CM14-0047100		
Date Assigned:	07/02/2014	Date of Injury:	12/06/2011
Decision Date:	08/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 48-year-old male who reported an injury on 01/31/2014. The mechanism of injury was not specifically stated. Current diagnoses include axial low back pain, cervicogenic pain, depression, insomnia, stress, weight gain, and erectile dysfunction. The injured worker was evaluated on 01/31/2014 with complaints of persistent lower back pain. It is noted that the injured worker was previously treated with facet joint injections. The current medication regimen includes Norco 10/325 mg, LidoPro lotion, Topamax 50 mg, Protonix 20 mg, Flexeril 7.5 mg, Effexor 75 mg, and Fioricet. Physical examination on that date revealed tenderness to palpation along the cervical and lumbar paraspinal muscles with pain in the neck and lower back. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommend for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after acetaminophen. There is no evidence of an acute exacerbation of chronic pain. There is also no documentation of objective functional improvement, despite the ongoing use of this medication. There was no frequency listed in the current request. As such, the request is not medically necessary.

60 tablets of Effexor 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 105.

Decision rationale: California MTUS Guidelines state Effexor is an antidepressant in the class of selective serotonin norepinephrine reuptake inhibitors. SNRIs are recommended as an option in first line treatment of neuropathic pain if tricyclics are ineffective, poorly tolerated, or contraindicated. The injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

60 capsules of Effexor extended-release 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45, 105.

Decision rationale: California MTUS Guidelines state Effexor is an antidepressant in the class of selective serotonin norepinephrine reuptake inhibitors. SNRIs are recommended as an option in first line treatment of neuropathic pain if tricyclics are ineffective, poorly tolerated, or contraindicated. The injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

60 tablets of Topamax 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy, with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants fail. The injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. There is no documentation of a failure to respond to first line anticonvulsants. There is also no frequency listed in the current request. As such, the request is not medically necessary.