

Case Number:	CM14-0064948		
Date Assigned:	07/11/2014	Date of Injury:	03/20/2010
Decision Date:	09/17/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/08/2014

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 Pain Medicine 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 26-year-old female who reported an injury on 03/20/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 07/28/2014 indicated diagnoses of lumbar or lumbosacral disc degeneration, lumbago, thoracic or lumbosacral neuritis or radiculitis, and lumbar facet syndrome. The injured worker reported her pain to be in the lower back and she rated her pain 6/10. Her average pain level score was 3/10 with medications allowing for improved function and mood; 8/10 without medications with decreased function, mood, and impaired ability to sleep. The injured worker reported she performed a home exercise program. The injured worker reported she was taking her medications only as prescribed and reported medications continued to reduce her pain level with minimal side effects. The injured worker reported with the reduction of her pain she had improved function and was able to do more in and outside of the home, such as basic household activities of daily living, such as cooking, cleaning, shopping, etc. with increased endurance and tolerance for such activities. The injured worker reported emotionally she was more stable and less irritable and emotionally labile without medications. The injured worker reported the quality of her life was adequate as long as she took her medication and tried to stay active. On physical examination of the lumbar spine, the injured worker had decreased range of motion, positive straight leg raise on the right side sitting at 45 degrees. The injured worker's treatment plan included a lumbar epidural steroid injection at the L5-S1 level, an MRI of the thoracic spine. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Miralax, Norco, Tegaderm, Fentanyl, Ibuprofen, and Topamax. The provider submitted a request for the Topamax, Fentanyl, and Norco. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (Watson Brand ONLY) #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Norco 10/325 mg (Watson Brand ONLY) #240 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reports efficacy and functional improvement with the use of this medication, it was not indicated how long the injured worker had been utilizing this medication. In addition, the request did not indicate a frequency for the Norco. Therefore, the request is not medically necessary.

Fentanyl 75 mcg/hr patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl tTransdermal Page(s): 93.

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

Decision rationale: The request for Fentanyl 75 mcg/hr patch #15 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reports efficacy and functional improvement with the use of this medication, it was not indicated how long the injured worker had been utilizing this medication. In addition, the request did not indicate a frequency for the Fentanyl. Therefore, the request is not medically necessary.

Topamax 25 mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS) Page(s): 16-17,21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, Topiramate Page(s): 16.

Decision rationale: The request for Topamax 25 mg #75 is not medically necessary. The California MTUS guidelines indicate that Topiramate is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Although the injured worker reports efficacy and functional improvement with the use of this medication, it was not indicated how long the injured worker had been utilizing this medication. In addition, the request did not indicate a frequency for the Topamax. Therefore, the request is not medically necessary.