

Case Number:	CM14-0076839		
Date Assigned:	07/18/2014	Date of Injury:	10/18/2001
Decision Date:	10/01/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational 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 patient is a female with a date of injury of 10/18/2001. Her past medications as of 04/10/2014 included Tegaderm, Lidocaine 5%; Fentanyl 25 mcg; Pantoprazole-Protonix 20 mg, Docusate 100 mg, Hydrocodone bit/APAP 10-325 mg, Cyclobenzaprine-Flexeril 7.5 mg; Motrin 800 mg; Topiramate-Topamax 25 mg, Lorazepam, Amlodipine, and Lidoderm patches. Visit note dated 04/30/2014 states the patient presented with complaints of low back pain and anxiety. She reported constipation and heartburn with the use of her medications. She reported with that she was not using hydrocodone 5/325 mg any more during this visit. She rates her pain with her medications a 7/10 and 80% improvement with them. On exam, she was noted to be in no distress, alert and oriented. She has an antalgic gait. She is diagnosed with lumbar region sprain/strain and sciatica. Her medications were refilled and given a prescription for Fentanyl 25 mcg and Motrin 800 mg; Pantoprazole 20 mg, Topiramate 25 mg, and Hydrocodone bit/APAP 10/325 as noted on RFA dated 06/26/2014. Prior utilization review dated 05/09/2014 states the request for Hydrocodone bit/APAP 10/325mg #180 is denied as there is documented evidence to support the request; Retrospective request for Topiramate (Topamax) 25mg #60 (dispensed on 4/10/14) is denied as there is no indication warranting this request; Retrospective request for Fentanyl 25mcg/hr patch #10 (dispensed on 4/10/14) is denied as the request is not reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone bit/APAP 10/325mg #180: 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): 74-96.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use, however, is not established for chronic non-malignant pain. In this case, Norco is requested for 68-year-old female with chronic neck and low back pain and anxiety. However, history and examination findings do not demonstrate clinically significant functional improvement over time, including reduction in dependency on medical care, from use of Norco. Medical necessity is not established.

Retrospective request for Topiramate (Topamax) 25mg #60 (dispensed on 4/10/14): 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 Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: According to MTUS guidelines, anti-epilepsy drugs are recommended for neuropathic pain. "There are few RCTs directed at central pain and none for painful radiculopathy." 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 for neuropathic pain when other anticonvulsants fail." In this case a request is made for Topiramate for a 68-year-old female who has failed Gabapentin and Cymbalta for neuropathic pain. However, history and examination findings do not clearly demonstrate neuropathy. There are no hard objective findings of radiculopathy on examination. Cervical MRI on 12/12/07 does not demonstrate nerve compromise. No diagnostics are provided of the lumbar spine. Further, efficacy of Topiramate is questionable according to guidelines. Medical necessity is not established.

Retrospective request for Fentanyl 25mcg/hr patch #10 (dispensed on 4/10/14): 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 Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use, however, is not established for chronic non-malignant pain. Fentanyl is "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). Note: Duragesic should only be used in patients who

are currently on opioid therapy for which tolerance has developed." In this case, Fentanyl is requested for 68-year-old female prescribed opioids on a long-term basis for chronic neck and low back pain. However, history and examination findings do not demonstrate clinically significant functional improvement over time, including reduction in dependency on medical care, from use of Fentanyl. Further, medical records do not establish the need for continuous, around-the-clock opioid therapy or failure of first-line oral opioids other than Avinza. Medical necessity is not established.