

Case Number:	CM14-0087716		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2009
Decision Date:	09/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 Nevada. 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 69-year-old individual was reportedly injured on August 14, 2009. The mechanism of injury was not listed in these records reviewed. A lower extremity amputation was identified. The most recent progress note dated May 28, 2013, indicated that there were ongoing complaints of neck pain and shoulder pain. The physical examination demonstrated a stiff antalgic gait pattern with a right prosthesis, a functional range of motion of the extremities, and sensation was intact. Diagnostic imaging studies were not reported. Previous treatment included amputation, prosthetic fitting, and multiple medications. A request had been made for several medications and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): Page 21 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is a variable efficacy relative to neuropathic pain. The lesion noted is a nociceptive one in terms of the amputation. Furthermore, there is limited clinical information presented demonstrating the exact pain generator, noting the actual functionality and efficacy of the medication protocols. Therefore, based on this and the clinical information, the medical necessity for this preparation cannot be established. Therefore this request is not medically necessary.

Norco 10/325 mg # 51: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): s 74-78, 88, 91 of 127.

Decision rationale: This medication is a short acting opioid indicated for the management of moderate to severe breakthrough pain. The prescription in cases is taken on a constant regular basis. However, the progress notes did not demonstrate any efficacy in terms of increased functionality or decrease pain. The pain is noted to vary depending on activity. Therefore, there is insufficient clinical information presented to establish the medical necessity of the chronic use of this preparation. Therefore this request is not medically necessary.