

Case Number:	CM14-0141424		
Date Assigned:	09/10/2014	Date of Injury:	10/01/2000
Decision Date:	01/07/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 40 year old male who was injured on 10/1/2000. The diagnoses are post laminectomy lumbar syndrome and low back pain. There are associated diagnoses of insomnia and morbid obesity. The patient completed epidural steroid injections and physical therapy (PT). There is an implanted spinal cord stimulator for pain relief. On 11/20/2014, [REDACTED] noted that the patient had good activities of daily living (ADL) with no adverse medication side effects. It was recommended that the patient consider weight loss and revision back surgery. There is objective finding of analgesic gait and left foot drop. The hand written clinic notes was sparse with no detail on subjective, objective findings or functional restoration. The medications are Norco, Topamax and Effexor for pain. A Utilization Review determination was rendered on 8/7/2014 recommending non certification for Topamax 100mg #90 2 refills, Effexor XL 75mg #30 2 refills and modified certification for Norco 10/325mg #180 2 refills to #135.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of dependency, tolerance, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient had utilized opioids chronically for years. There is no documentation of the guidelines recommended compliance monitoring measures that include urine drug screens (UDS), Pain Contract, functional restoration, absence of aberrant behavior and adverse effects. The criteria for the use of Norco 10/325mg #180 2 refills was not met. Therefore, the medication requested is not medically necessary.

Topamax 100mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsants

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain. The records indicate that the patient was diagnosed with lumbar radiculopathy. There is a past history of lumbar laminectomy surgeries. There is neuropathic pain component associated with the post laminectomy back syndrome and lumbar radiculopathy. The patient is also diagnosed with morbidly obesity. The first line neuropathic medications are associated with significant weight gain. The use of second line Topamax 100mg #90 2 refills had met the guidelines recommendation for the treatment of neuropathic pain associated with morbid obesity. Therefore, the requested medication is medically necessary.

Efforex XL 75mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antidepressants

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants with analgesic properties can be utilized for the treatment of chronic pain associated with mood disorder. The records indicate that the patient had neuropathic component of post laminectomy back syndrome. There are psychosomatic symptoms associated with the chronic pain syndrome.

The use of Effexor XL 75mg #30 2 refills was met. Therefore, the requested medication is medically necessary.