

Case Number:	CM14-0195606		
Date Assigned:	12/03/2014	Date of Injury:	05/29/2009
Decision Date:	01/15/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/21/2014

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 Management 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:

According to the records made available for review, this is a 34-year-old female with a 5/29/09 date of injury. At the time (11/13/14) of request for authorization for Percocet 10/325mg #90, Topamax 100mg #30, and Trazodone 150mg #30, there is documentation of subjective (low back pain and bilateral lower extremity pain with weakness as well as cold feet) and objective (tenderness over lumbar facets and positive bilateral straight leg raise, and decreased patellar as well as achilles deep tendon reflexes) findings, current diagnoses (degenerative L4-5 disc, bilateral lumbar radiculopathy, and complex regional pain syndrome), and treatment to date (medications (including ongoing treatment with Topamax, Percocet, and Trazodone)). Medical report identifies a pain contract on file; Percocet allows the patient to do household chores, and participate in children's activities; and that Topamax helps relieve leg pain. Regarding Percocet 10/325mg #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Regarding Topamax 100mg #30, there is no documentation that other anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Topamax use to date. Regarding Trazodone 150mg #30, there is no documentation of chronic pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazodone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS -Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative L4-5 disc, bilateral lumbar radiculopathy, and complex regional pain syndrome. In addition, there is documentation of ongoing treatment with Percocet. Furthermore, given documentation of a pain contract on file, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that Percocet allows the patient to do household chores, and participate in children's activities, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg, #90 is not medically necessary.

Topamax 100mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topamax. MTUS- Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative L4-5 disc, bilateral lumbar radiculopathy, and complex regional pain syndrome. In addition, there is documentation of neuropathic pain; and ongoing treatment with Topamax. However, there is no documentation that other anticonvulsants

have failed. In addition, despite documentation that Topamax helps relieve leg pain, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Topamax use to date. Therefore, based on guidelines and a review of the evidence, the request for Topamax 100mg, #30 is not medically necessary.

Trazodone ,#30: 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 Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of degenerative L4-5 disc, bilateral lumbar radiculopathy, and complex regional pain syndrome. However, despite documentation of pain, there is no (clear) documentation of chronic pain. In addition, given documentation of ongoing treatment with Trazodone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Trazodone 150mg, #30 is not medically necessary.