

Case Number:	CM14-0205663		
Date Assigned:	12/17/2014	Date of Injury:	05/27/2003
Decision Date:	03/05/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 44 year female with a date of injury of 5/27/03. According to progress report dated 11/6/14, the patient presents with ongoing severe low back pain and right lower extremity pain with burning and stinging sensation. Pain with medications is 6-8/10 and without medications 10/10. Physical examination on this date revealed, "Positive pain behaviors, positive allodynia, positive hyperesthesia of the right lower extremity, positive atrophy, negative nail changes." The listed diagnoses are CRPS of lower extremities and depression secondary to orthopedic condition. The patient is "100% disabled" and currently not working. Treatment plan was for refill of medications, continue CBT, continue home exercises, spinal cord stimulator trial and follow up in one month. The Utilization review denied the request on 11/17/14. Treatment reports from 6/25/14 through 11/10/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with chronic low back pain and right lower extremity pain with burning and stinging. The current request is for OXYCONTIN 30MG #120. For chronic opioids, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unclear when this patient was first prescribed this medication, but it is clear it was prior to report dated 11/6/14 as this report lists this medication as a current medication. The treating physician states that pain level is decreased from 10/10 to 6-8/10 with current medications. It was noted that the patient has no aberrant behaviors and side effects to medications included constipation. In this case, recommendation for further use cannot be supported as there are no discussions of any specific functional improvements or changes in ADL's with taking chronic opioids. Progress report notes that there are no aberrant behaviors but there is an inconsistent UDS from 10/8/14 which has not been addressed.

Topamax 200mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topiramate (Topamax); regarding antiepileptic drugs for chronic pain Page(s): 21; 16, 17.

Decision rationale: This patient presents with chronic low back pain and right lower extremity pain with burning and stinging. The current request is for TOPAMAX 200MG #60. According to MTUS Guidelines page 21, "Topiramate (Topamax) 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." This patient meets the criteria for Topamax, as he presents with radicular symptoms and the treating physician states that pain level is reduced from 10/10 to 6-8/10 with current medications. The requested Topamax IS medically necessary.

Colace 100mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Under the heading: Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: This patient presents with chronic low back pain and right lower extremity pain with burning and stinging. The current request is for COLACE 100MG #120. MTUS Guidelines page 68 to 78 discusses prophylactic medication for constipation when opiates are used. This patient's medication includes multiple opioids. MTUS Guidelines allows for prophylactic use of medication for constipation when opiates are taken. Given this patient's long-term opiate regimen and complaints of constipation, the requested Colace IS medically necessary.

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with chronic low back pain and right lower extremity pain with burning and stinging. The current request is for NORCO 10/325MG #45. For chronic opioids, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unclear when this patient was first prescribed this medication, but it is clear it was prior to report dated 11/6/14 as this report lists this medication as a current medication. The treating physician states that pain level is decreased from 10/10 to 6-8/10 with current medications. It was noted that the patient has no aberrant behaviors and side effects to medications included constipation. In this case, recommendation for further use cannot be supported as there are no discussions of any specific functional improvements or changes in ADL's with taking chronic opioids. Progress report notes that there are no aberrant behaviors but there is an inconsistent UDS from 10/8/14 which has not been addressed. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Ultram 50mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with chronic low back pain and right lower extremity pain with burning and stinging. The current request is for ULTRAM 50MG #45. For chronic opioids, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unclear when this patient was first prescribed this medication, but it is clear it was prior to report dated 11/6/14 as this report lists this medication as a current medication. The treating physician states that pain level is decreased from 10/10 to 6-8/10 with current medications. It was noted that the patient has no aberrant behaviors and side effects to medications included constipation. In this case, recommendation for further use cannot be supported as there are no discussion of any specific functional improvements or changes in ADL's with taking chronic opioids. Progress report notes that there are no aberrant behaviors but there is an inconsistent UDS from 10/8/14 which has not been addressed. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Ultram IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.