

Case Number:	CM14-0208686		
Date Assigned:	12/22/2014	Date of Injury:	10/16/2008
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, 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 52 year old female with date of injury 10/16/08. The treating physician report dated 10/30/14 indicates that the patient presents with chronic pain affecting the lumbar spine and knees. The physician states that the pain is significant and she presents with spasms. She has difficulty extending her left knee due to severe OA and is considering possible left knee total knee replacement. The physical examination findings reveal muscle spasms affecting the lumbar spine with tenderness. Bilateral knee flexion is limited to 90-95 degrees and McMurray's test is positive on the left. Prior treatment history includes medication management and physical therapy. The current diagnoses are: 1.Musculoligamentous strain of the lumbar spine2.History of CRPS of the right knee appears to be resolved3.Left knee severe osteoarthritis requires total knee replacementThe utilization review report dated 11/14/14 denied the request for Topiramate, Oxycontin and Hydrocodone/APAP based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate TAB 100mg Day Supply: 30 Qty: 30 Refills: 00: 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 Topamax
Page(s): 21.

Decision rationale: The patient presents with chronic lower back pain and bilateral knee pain. The current request is for TOPIRAMATE TAB 100MG Day Supply:30 Qty:30 Refills:00. The treating physician states, "Medication Rx for Topamax 100mg #60 for migraines, Norco 10-325mg #60 for pain and OxyContin 20mg #60 for pain." In reviewing the medical reports provided the patient has been prescribed this medication since at least 7/14/14. The MTUS Guidelines recommend Topiramate (Topamax) for neuropathic pain when other anticonvulsants fail. In reviewing the reports provided, there is no documentation of neuropathic pain. Additionally, MTUS on page 60 requires that the physician document pain and function when prescribing medications for chronic pain. In this case, there is no documentation that this medication is providing any pain relief or functional improvement as required by MTUS. The current request is not medically necessary.

Oxycontin TAB 20mg CR Day Supply: 30 Qty: 60 Refills: 00: 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: The patient presents with chronic lower back pain and bilateral knee pain. The current request is for OXYCONTIN TAB 20MG CR Day Supply: 30 Qty: 60 Refills: 00. The treating physician states, "Medication Rx for Topamax 100mg #60 for migraines, Norco 10-325mg #60 for pain and OxyContin 20mg #60 for pain." In reviewing the medical reports provided the patient has been prescribed opioids since at least 7/14/14. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has a generic statement that states, "The 4 A's are discussed with the patient at today's visit. There is no pain scales used to measure pain with and without opiate usage. There is no discussion of functional improvements or specific improvements in ADLs with opiate usage. There is no documentation of outcome measures, CURES reports or UDS as required by MTUS. Ongoing opioid usage requires much more thorough documentation and there is nothing in the reports provided to indicate that opioid usage improves function for this patient. The current request is not medically necessary and the recommendation is for denial and slow weaning per MTUS.

Hydroco/APAP TAB 10-325mg Day Supply: 30 Qty: 60 Refills: 00: 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: The patient presents with chronic lower back pain and bilateral knee pain. The current request is for HYDROCO/APAP TAB 10-325MG Day Supply: 30 Qty: 60 Refills:00. The treating physician states, "Medication Rx for Topamax 100mg #60 for migraines, Norco 10-325mg #60 for pain and OxyContin 20mg #60 for pain." In reviewing the medical reports provided the patient has been prescribed Norco since at least 7/14/14. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has a generic statement that states, "The 4 A's are discussed with the patient at today's visit. There are no pain scales used to measure pain with and without opiate usage. There is no discussion of functional improvements or specific improvements in ADLs with opiate usage. There is no documentation of outcome measures, CURES reports or UDS as required by MTUS. Ongoing opioid usage requires much more thorough documentation and there is nothing in the reports provided to indicate that opioid usage improves function for this patient. The current request is not medically necessary.