MAXIMUS Federal Services

Case Number:	CM15-0005854		
Date Assigned:	01/26/2015	Date of Injury:	05/06/1999
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old male who sustained an industrial injury, reported on 5/6/1999. She has reported radiating and chronic low back pain. The diagnoses have included low back pain; lumbar disc displacement/rupture; and post-lumbar spine surgery syndrome. Treatments to date have included consultations; diagnostic and imaging studies; injection therapies; transcutaneous electrical stimulation unit; lumbar surgery; psychological therapy; ice therapy; and medication management. The status classification for this injured worker (IW) was noted to be disabled. On 12/29/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/19/2014; for Norco 10/325mg #120, and modified, for medical necessity, Topiramate 25mg #90 to #60. The Medical Treatment Utilization Schedule, chronic medical treatment guidelines, opioids, weaning of medications and anti-epilepsy drugs, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Percocet 10/325mg, #120: 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): 78-81.

Decision rationale: The injured worker sustained a work related injury on 5/6/1999. The medical records provided indicate the diagnosis of low back pain; lumbar disc displacement/rupture; and post-lumbar spine surgery syndrome. Treatments to date have included consultations; diagnostic and imaging studies; injection therapies; transcutaneous electrical stimulation unit; lumbar surgery; psychological therapy; ice therapy; and medication management.The medical records provided for review do not indicate a medical necessity for One prescription of Percocet 10/325mg, #120. The records indicate she has been using opioids since 2012. This is contrary to the recommendation of the guidelines for short-term use of opoids for treatment of moderate to severe pain not responding to NSIAIDs. The MTUS notes that the research for use of opioids for treatment of chronic pain have been limited to 70 days. Furthermore, the guidelines for discontinuing opioids recommends discontinuing opioids when there is no improvement in pain and fucntion unless there are extenuating reasons. The report indicate she fell about a month prior, she was continued on opioids when she came for follow up. In the next visit she reported it appears not to be working.The requested treatment is not medically necessary and appropriate.

One prescription of Topiramate 25mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 22.

Decision rationale: The injured worker sustained a work related injury on 5/6/1999. The medical records provided indicate the diagnosis of low back pain; lumbar disc displacement/rupture; and post-lumbar spine surgery syndrome. Treatments to date have included consultations; diagnostic and imaging studies; injection therapies; transcutaneous electrical stimulation unit; lumbar surgery; psychological therapy; ice therapy; and medication management.The medical records provided for review do not indicate a medical necessity for One prescription of Topiramate 25mg #90 . The Antiseptics are recommended as for neuropathic pain, particularly postherpetic neuralgia and painful polyneuropathy. Topiramate (Topamax), a member of this group, is recommended when other members of the group has failed due to lack of efficacy and risk profile. The documents reviewed do not indicate the injured worker suffers from neuropathy, or has failed treatment with antiepeilptic for a neuropathic condition.Therefore, the requested treatment is not medically necessary and appropriate.