

Case Number:	CM15-0135337		
Date Assigned:	07/23/2015	Date of Injury:	11/13/2000
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 injured worker is a 60 year old male who reported an industrial injury to the left wrist and hand on 11/13/2000. His diagnoses, and or impression, were noted to include: degeneration of the lumbar disc; lumbago; post lumbar laminectomy syndrome; sciatica; degeneration of lumbar disc; and lumbosacral neuritis. No current imaging studies were noted. His treatments were noted to include lumbar epidural steroid injections; lumbar fusion surgery in 2002 & lumbar discogram in 5/2013; graduating a Functional Restoration Program in 11/2014; medication management; and modified work duties. The progress notes of 6/17/2015 noted a follow-up visit for complaints of bilateral shoulder and lower back pain that was made worse with activities, and made better with rest and medications. Objective findings were noted to include complaints of no acute distress and an antalgic gait. The physician's requests for treatments were noted to include Opana Extended Release and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg tablet #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents on 08/05/15 with unrated lower back pain which radiates into the left lower extremity and bilateral shoulder pain. The patient's date of injury is 11/13/00. Patient has no documented surgical history directed at this complaint. The request is for OPANA ER 20MG TABLET SIG TAKE 1 EVERY 12 HOURS #60. The RFA is dated 07/01/15. Physical examination dated 08/05/15 reveals tenderness to palpation of the lumbar spine at the lumbosacral junction, decreased range of motion in all planes, and positive straight leg raise test on the left. The patient is currently prescribed Opana and Topamax. Diagnostic imaging was not included. Patient is currently working modified duties. Regarding chronic opiate use, MTUS guidelines page 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In regard to the continuation of Opana for the management of this patient's chronic pain, the request is appropriate. Progress note dated 08/05/15 indicates that this patient has had some difficulty obtaining medications owing to utilization review denials, sets forth a specific discussion regarding denials and documentation shortcomings to date. Addressing the efficacy of Opana, the provider states: "...with the use of Opana ER, his pain reduces by about 40%...helps him carry out his daily activities such as standing and walking, as well as working..." The provider also indicates that this patient's most recent UDS dated 04/10/15 was consistent with prescribed medications, states that this patient does not display aberrant behavior, and notes no CURES abnormalities. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent UDS and a stated lack of aberrant behavior. In addition, the provider also discusses the success of recent weaning efforts and states the intent to perform additional dosing reductions. In this case, the criteria for the continuation of Opana have been satisfied, continuation is substantiated. The request is medically necessary.

Topamax 25mg tablet #60, 1 refill: Overturned

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

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

Decision rationale: The patient presents on 08/05/15 with unrated lower back pain which radiates into the left lower extremity and bilateral shoulder pain. The patient's date of injury is 11/13/00. Patient has no documented surgical history directed at this complaint. The request is for TOPAMAX 25MG TABLET SIG 1 TAB PO Q HS FOR ONE WEEK THEN CONTINUE

1 TAB PO BID #60. The RFA is dated 07/01/15. Physical examination dated 08/05/15 reveals tenderness to palpation of the lumbar spine at the lumbosacral junction, decreased range of motion in all planes, and positive straight leg raise test on the left. The patient is currently prescribed Opana and Topamax. Diagnostic imaging was not included. Patient is currently working modified duties. Regarding Topiramate (Topamax), MTUS Guidelines page 21 states "Topiramate 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." In regard to the continuation of Topamax for this patient's lower back pain with a neuropathic component, the request is appropriate. Progress note dated 08/05/15 indicates that this patient has had some difficulty obtaining medications owing to utilization review denials, and sets forth a specific discussion regarding denials and documentation shortcomings to date. Addressing the efficacy of Topamax, the provider states: "Please note that the patient has previously tried other medications including Gabapentin... but continued to be symptomatic... He does note that medications including Topamax helps with his neuropathic pain. It allows him to work and perform his activities of daily living better and with less pain." Given the documentation provided of the failure of first line antiepileptic medications, as well as analgesia and functional improvements specifically attributed to Topamax, the continuation of this medication is substantiated. The request is medically necessary.