

Case Number:	CM15-0139150		
Date Assigned:	07/29/2015	Date of Injury:	06/13/2014
Decision Date:	09/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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:

The injured worker is a 46 year old female, who sustained an industrial injury on 6-13-2014. She reported low back pain that had gradually developed. The injured worker was diagnosed as having lumbago, laxity of ligament, and sacroiliac ligament sprain and strain. Treatment to date has included medications, physical therapy, acupuncture, biofeedback, TENS, and pain management, lumbar epidural steroid injection, and facet joint injections. The request is for Topamax and Percocet 10-325mg. On 2-16-2015, she reported low back pain with radiation into the buttocks, right hip and iliac crest, and occasional radiation into the back of the thighs. She reported that physical therapy exercises were painful although she noted benefit afterwards. Her current medications are: Lyrica, Tramadol, and Ibuprofen, which she indicated decreased her pain from 7 out of 10 down to 3. She reported being able to perform activities of daily living including dressing and bathing. The treatment plan included: chiropractic, Percocet, Lidocaine patches, ergonomic evaluation of work environment. The provider noted that Tramadol had helped her get through her day; however it is not working well recently. On 6-11-2015, she reported low back pain. She indicated Percocet has increased her ability to function through her busy day. She indicated she had thoracic spine pain with radiation into the buttocks and right hip with occasional radiation into the back of the thighs. She was given trigger point injections in the office on this date. The treatment plan included: sacroiliac joint belt, functional restoration program, tennis ball massage, pain management counseling, continue Percocet, and Lidocaine patches. She is noted to not have tolerated Gabapentin and is on Cymbalta. She is noted to not have had effect with Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg quantity 30 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16-17; 21.

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

Decision rationale: This request is for Topamax 25mg quantity 30 with one refill. Treatment to date has included medications, physical therapy, acupuncture, biofeedback, TENS, and pain management, lumbar epidural steroid injection, and facet joint injections. The patient is working as a kindergarten teacher. MTUS Guidelines page 21, Topiramate (Topamax) section 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 anti-convulsants have failed." MTUS Guidelines page 16 and 17 regarding Anti-epileptic 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." On 6-11-2015, the patient reported low back pain and thoracic spine pain with radiation into the buttocks and right hip with occasional radiation into the back of the thighs. The treatment plan included: sacroiliac joint belt, functional restoration program, tennis ball massage, pain management counseling, continue Percocet and Lidocaine patches. This is a request for refill of Topamax. In this case, the patient reports that medications decreased her pain from 7/10 down to 3/10. She reported being able to perform activities of daily living including dressing and bathing herself independently. The treater notes that the patient has previously failed Gabapentin, as the patient did not tolerate it well. The patient presents with neuropathic pain and the treater has documented efficacy of Topamax in terms of reduction of pain and improvement in function. This request is medically necessary.

Percocet 10/325mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This request is for Percocet 10/325mg quantity 60. Treatment to date has included medications, physical therapy, acupuncture, biofeedback, TENS, and pain management, lumbar epidural steroid injection, and facet joint injections. The patient is working as a kindergarten teacher. MTUS, criteria for use of opioids, 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." On 6-11-2015, the patient reported low back pain and thoracic spine pain with radiation into the buttocks and right hip with occasional radiation into the back of the thighs. The treatment plan included: sacroiliac joint belt, functional restoration program, tennis ball massage, pain management counseling, continue Percocet and Lidocaine patches. This is a request for refill of Percocet. In this case, the patient report medications decreased her pain from 7/10 down to 3/10. She reported being able to perform activities of daily living including dressing and bathing herself independently. She is also able to participate in PT and continuing working as a teacher. A UDS was performed on 06/11/15 and the patient reports no side effects with medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Therefore, this request is medically necessary.