

Case Number:	CM15-0142101		
Date Assigned:	07/31/2015	Date of Injury:	08/22/1997
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained an industrial/work injury on 8-22-97. She reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar sprains and strains, discogenic low back pain, and myofascial back pain. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of unchanged pain but swelling went down. The pain continues in the low back on the right and left side but mostly on the right. The pain is constant and sharp, stabbing, at work and when trying to sleep and the pain is dull and achy in character. Pain is 10 out of 10 without medication and 3-4 out of 10 with medication. Per the primary physician's report (PR-2) on 6-12-15, exam notes slow and guarded transfers and ambulation, flexion of 10 degrees and extension of 10 degrees, reflexes are 2 out of 4 at the knees and ankles, decreased sensation in the right medial and lateral calf and dorsum of the right foot, and moderate tenderness to palpate over the right quadratus lumborum region with a 6 mm trigger point which was moderately tender to palpate with radiation. Current plan of care included medication and follow up with physician. The requested treatments include Norco 10/325mg, Topamax 25mg, and Opana ER 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1997 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 10/10 to 3-4/10 when at home which was tolerable and to 5-6/10 at work which was not tolerable. When seen, she was barely able to continue working. Physical examination findings included guarded ambulation and transfers. There was decreased spinal range of motion with pain. There was decreased right lower extremity strength and sensation and back pain with straight leg raising. There was right quadratus lumborum tenderness with a trigger point. Norco and Topamax were continued. Opana ER was started. The total MED (morphine equivalent dose) was increased from 20 to 230 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is now nearly 2 times that recommended and more than 10 times that which was being prescribed. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

Topamax 25mg #120: Overturned

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 Antiepilepsy drugs (AEDs), p16-21 Page(s): 16-21.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1997 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 10/10 to 3-4/10 when at home which was tolerable and to 5-6/10 at work which was not tolerable. When seen, she was barely able to continue working. Physical examination findings included guarded ambulation and transfers. There was decreased spinal range of motion with pain. There was decreased right lower extremity strength and sensation and back pain with straight leg raising. There was right quadratus lumborum tenderness with a trigger point. Norco and Topamax were continued. Opana ER was started. The total MED (morphine equivalent dose) was increased from 20 to 230 mg per day. Antiepilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain and this claimant has ongoing lower extremity radicular pain. The dose being prescribed is within recommended guidelines and was medically necessary.

Opana ER 15mg #60: 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1997 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 10/10 to 3-4/10 when at home which was tolerable and to 5-6/10 at work which was not tolerable. When seen, she was barely able to continue working. Physical examination findings included guarded ambulation and transfers. There was decreased spinal range of motion with pain. There was decreased right lower extremity strength and sensation and back pain with straight leg raising. There was right quadratus lumborum tenderness with a trigger point. Norco and Topamax were continued. Opana ER was started. The total MED (morphine equivalent dose) was increased from 20 to 230 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is now nearly 2 times that recommended and more than 10 times that which was being prescribed. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.