

Case Number:	CM15-0146263		
Date Assigned:	08/07/2015	Date of Injury:	03/18/2008
Decision Date:	09/03/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency 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 65-year-old female, who sustained an industrial injury on 03-18-2008. She has reported injury to the bilateral knees and low back. The diagnoses have included internal derangement of the knee bilaterally, status post surgical intervention on the left with persistent symptomatology; discogenic lumbar condition with disc disease from T11 through S1 with facet changes from L2 through S1 and lateral disc protrusion at L1 and L2; and chronic pain syndrome. Treatment to date has included medications, diagnostics, hot and cold wraps, bracing, TENS (transcutaneous electrical nerve stimulation) unit, injections, aquatic therapy, physical therapy, and surgical intervention. Medications have included Norco, LidoPro cream, Ultracet, Norflex, Naproxen, Topamax, Effexor XR, Flexeril, Trazodone, and Aciphex. A progress note from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of quite a bit of pain with regard to the low back; she has sharp shooting pain along her back when she stands up; pain along the knees which is constant and worse with cold weather; she takes Norco for it; she uses a pool facility at the location where she lives; she is minimizing chores around the house; she has limitation of walking, squatting, and kneeling; and she is using her braces, hot and cold wraps, and TENS unit. Objective findings included she has difficulty getting up from a chair to come into the office; tenderness along the lumbar spine with facet loading, more on the left side; decreased ranges of motion of the knees; and there is tenderness along the joint with weakness to restricted function. The treatment plan has included the request for Topamax 50mg #60; Norflex 100mg #60; and Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate; Anti-epilepsy drugs (AEDs) Page(s): 21; 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18, 21.

Decision rationale: The requested Topamax 50mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and Topiramate is considered for use of neuropathic pain when other anti-convulsants fail, and "Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction." The injured worker has pain with regard to the low back; she has sharp shooting pain along her back when she stands up; pain along the knees which is constant and worse with cold weather; she takes Norco for it; she uses a pool facility at the location where she lives; she is minimizing chores around the house; she has limitation of walking, squatting, and kneeling; and she is using her braces, hot and cold wraps, and TENS unit. Objective findings included she has difficulty getting up from a chair to come into the office; tenderness along the lumbar spine with facet loading, more on the left side; decreased ranges of motion of the knees; and there is tenderness along the joint with weakness to restricted function. The treating physician has not documented failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date, nor the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Topamax 50mg #60 is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Norflex 100mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain with regard to the low back; she has sharp shooting pain along her back when she stands up; pain along the knees which is constant and worse with cold weather; she takes Norco for it; she uses a pool facility at the location where she lives; she is minimizing chores around the house; she has limitation of walking, squatting, and kneeling; and she is using her braces, hot and cold wraps, and TENS unit. Objective findings included she has difficulty getting up from a chair to come into the office; tenderness along the lumbar spine with facet loading, more on the left side; decreased ranges of motion of the knees; and there is tenderness along the joint with weakness to restricted function. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from

its previous use. The criteria noted above not having been met, Norflex 100mg #60 is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Online).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested Trazodone 50mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has pain with regard to the low back; she has sharp shooting pain along her back when she stands up; pain along the knees which is constant and worse with cold weather; she takes Norco for it; she uses a pool facility at the location where she lives; she is minimizing chores around the house; she has limitation of walking, squatting, and kneeling; and she is using her braces, hot and cold wraps, and TENS unit. Objective findings included she has difficulty getting up from a chair to come into the office; tenderness along the lumbar spine with facet loading, more on the left side; decreased ranges of motion of the knees; and there is tenderness along the joint with weakness to restricted function. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Trazodone 50mg #60 is not medically necessary.