

Case Number:	CM15-0168661		
Date Assigned:	09/09/2015	Date of Injury:	01/17/2006
Decision Date:	10/23/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 69 year old male, who sustained an industrial injury on 1-17-2006. The current diagnoses are status post lumbar discectomy with fusion, lumbar radiculopathy, and lumbar facet arthralgia. According to the progress report dated 7-27-2015, the injured worker complains of low back pain with radiation into his bilateral lower extremities and tailbone. He describes the pain as an electric-type sensation down his lower extremities. The level of pain is not rated. The physical examination of the lumbar spine reveals severe spasticity in the right paraspinals, decreased lordosis, limited range of motion, and bilateral straight leg raise at 80 degrees with pain referring to bilateral calves. The current medications are Topamax, Robaxin, Tramadol, and Baclofen. There is documentation of ongoing treatment with Baclofen, Topamax, and Ultram since at least 10-22-2014, Robaxin since at least 2-2-2015, and Flector patch since at least 6-17-2015. Treatment to date has included medication management, physical therapy, home exercise program, MRI studies, chiropractic, acupuncture, epidural steroid injection, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (8-3-2015) partially approved a request for Topamax #30 with no refills (original request for #30 with 4 refills), Robaxin #60 with no refills (original request for #60 with 4 refills, and Ultram ER # 60 with no refills (original request for #60 with 4 refills). The request for Baclofen and Flector patch was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg QHS #30, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. The original reviewer modified the request to exclude all refills as the patient has a follow-up visit with the attending physician in four weeks and they are not necessary. Topamax 100mg QHS #30, 4 refills is not medically necessary.

Baclofen 10mg BID #60, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends Baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Baclofen 10mg BID #60, 4 refills is not medically necessary.

Robaxin 750mg BID #60, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle

relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. The original reviewer modified the request to exclude all refills as the patient has a follow-up visit with the attending physician in four weeks and they are not necessary. Robaxin 750mg BID #60, 4 refills is not medically necessary.

Flector patch 1.3% BID #60, 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Flector patch 1.3% BID #60, 6 refills is not medically necessary.

Ultram ER 200mg BID #60, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. The use of Ultram ER is appropriate for this patient. The original reviewer modified the request to exclude all refills as the patient has a follow-up visit with the attending physician in four weeks and they are not necessary. Ultram ER 200mg BID #60, 4 refills is not medically necessary.