

Case Number:	CM15-0188712		
Date Assigned:	09/30/2015	Date of Injury:	04/30/2002
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 43 year old male who sustained an industrial injury April 30, 2002. Past history included status post lumbar discectomy. Diagnoses are post-operative lumbar discectomy; lumbar radicular symptoms bilaterally; intractable pain. According to a primary treating physician's progress report dated September 10, 2015, the injured worker presented for a two month visit (last July 14, 2015) with continued complaints of chronic throbbing low back pain, rated 6 out of 10, with occasional numbness of left lateral thigh-calf, no weakness, and occasionally disturbing sleep. He is working full duty and reported no new symptoms and is controlled with current pain regimen. The physician noted he has tapered opioids 2-3 tabs Norco per day; 120 Hydrocodone-APAP the last two months and ran out of Topiramate for (1) week and did take oral Motrin. Primary treating physician's progress reports dated March 31, 2015 finds the treatment plan medication renewed Hydrocodone-APAP 5-325mg 120-2 months and again May 28, 2015 and July 14, 2015 and refill Topiramate 50mg twice a day #60 x (3) refills and on May 28, 2015 an increase of Topiramate 50mg twice a day #120 x (3) refills and again July 14, 2015. There is no toxicology report present in the medical record. Objective findings included; lumbar spine range of motion 60% expected; no motor deficit in the legs. Treatment plan included continue independent exercise program and at issue, a request for authorization for additional physical therapy, Hydrocodone-APAP, Motrin, Topiramate, and Voltaren. According to utilization review dated September 21, 2015, the request for Hydrocodone-APAP 5-325mg #120 was modified to Hydrocodone-APAP 5-325mg #60. The request for Topiramate 50mg #120 x (3) refills was modified to Topiramate 50mg #120. The request for Motrin 800mg #90 x

(3) refills was modified to Motrin 800mg #90. The request for additional Physical Therapy x (8) is non-certified. The request for Voltaren 1% Topical 4g (200g x 3 refills) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #120: Overturned

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, criteria for use.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Hydrocodone/APAP 10/325 is medically necessary.

Topiramate 50mg #120 (x3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topiramate.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Topamax (topiramate), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Guideline does acknowledge that topiramate or Topamax can be considered for neuropathy pain when other anticonvulsants fail, in this case, however, the evidence on file did not establish the failure of other first line therapies for neuropathic pain. Therefore, based on the submitted medical documentation, the request for topiramate is not medically necessary.

Motrin 800mg #90 with 3 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. This patient does not have clear documentation that non-NSAID medications have proven ineffective to justify NSAID use. The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). Therefore, medical necessity for Motrin prescription has not been established.

Additional physical therapy x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines state that the value of physical therapy increases when a physician gives the therapist a specific diagnosis of the lesion causing the patient's symptoms. With a prescription that clearly states treatment goals, a physician can use communication with the therapist to monitor such variables as motivation and compliance. The medical records do not support that additional PT will be of benefit to this patient. The patient has not had clear documentation of functional or physical improvement after prior PT therapy. Therefore, based on the submitted medical documentation, the request for physical therapy is not medically necessary.

Voltaren 1% Topical 4g (200g with 3 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): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, topical NSAIDs are only recommended for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They should only be use for 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. Use for neuropathic pain is not recommended as there is no evidence to support use. Therefore, based on the submitted medical documentation, the request for diclofenac gel is not medically necessary.