

Case Number:	CM15-0191875		
Date Assigned:	10/05/2015	Date of Injury:	11/12/2012
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 55 year old female who sustained an industrial injury on 11-12-2012. A review of the medical records indicates that the injured worker is undergoing treatment for left and right knee degenerative joint disease; status post left total hip replacement and lumbar laminectomy with discectomy at L3-L4 level with right more than left sciatica. Medical records (date to 9-9-2015) indicate ongoing low back pain, bilateral hip pain and bilateral knee pain. On 6-17-2015, the injured worker rated her back pain 6 out of 10 and hip pain 4 out of 10. According to the progress report dated 9-9-2015, her right hip pain had escalated to 6 out of 10. The physical exam (date to 9-9-2015) revealed moderate pain over the bilateral L4-L5, L5-S1 region and an antalgic gait. Treatment has included surgery, epidural injection, physical therapy, aquatic program and medications. (Opana since March 2015). The treatment plan (9-9-2015) was to discontinue Lyrica due to weight gain and start Topiramate. Medical records indicated Opana ER dose changed from 40mg twice a day in May 2015 to 25mg three times a day in June 2015. Per the progress report dated 9-9-2015, the physician documents "Dilaudid 8mg was used in July; however, I have changed her to Opana in August which she felt has not had helpful. Therefore, she asks for this to return back to Opana." The original Utilization Review (UR) (9-18-2015) modified a request for Opana ER from #90 to #45, modified a request for Opana IR from #90 to #45 and modified a request for Topamax with 4 refills to 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15 mg #90: 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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Opana or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per follow up evaluation dated 5/18/15, the injured worker rated pain without medications 10/10, which could drop down to 5/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 9/16/15 was available for review, however, it was noted that there was insufficient specimen provided to test for opiates. The injured worker's morphine equivalent dose is in excess of the guideline recommended 120MED. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

Opana IR 10 mg #90: 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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug

related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Opana or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per follow up evaluation dated 5/18/15, the injured worker rated pain without medications 10/10, which could drop down to 5/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 9/16/15 was available for review, however, it was noted that there was insufficient specimen provided to test for opiates. The injured worker's morphine equivalent dose is in excess of the guideline recommended 120MED. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Topamax 25 mg #90 with 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): Antiepilepsy drugs (AEDs).

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) 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 (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Per MTUS CPMTG, "Topiramate (Topamax, no generic available) 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 anticonvulsants fail." Per the medical records submitted for review, the injured worker was utilizing Lyrica with mild relief, but it was causing weight gain and adding to the pain due to weight bearing. Topamax trial is indicated, however, the requested 5 month supply is not appropriate. The request is not medically necessary.