MAXIMUS Federal Services

Case Number:	CM15-0192829		
Date Assigned:	10/06/2015	Date of Injury:	02/24/2014
Decision Date:	11/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 24, 2014. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for Oxycodone, Topamax, and Celebrex. The claims administrator referenced an RFA form received on August 25, 2015 and an associated progress note dated August 14, 2015 in its determination. The claims administrator issued partial approvals from several instances. The applicant's attorney subsequently appealed. On August 14, 2015, the applicant reported ongoing complaints of shoulder, arm, neck, and back pain. The applicant was using a walker to move about, it was reported. The applicant reported ancillary complaints of migraines. The applicant was apparently pending cervical spine surgery, it was reported. The applicant's medication list included Celebrex, Lovenox, Oxycodone, Topamax, and Zofran, it was reported. The applicant was asked to continue Lovenox until receiving cervical spine surgery. The applicant was asked to continue usage of wheelchair. Oxycodone was refilled. The applicant was described as having issues with a deep venous thrombosis (DVT) present at this point. Anti-coagulation issues were a complicating factor, the treating provider contended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Yes, the request for Oxycodone, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Oxycodone are an effective method of controlling pain and/or breakthrough pain, as was seemingly present on or around the date in question, August 14, 2015. The attending provider reported on August 14, 2015, the applicant was pending cervical spine surgery in one week. The applicant, thus, could reasonably or plausibly be expected to have issues with breakthrough pain present on or around the date of the request. Provision of Oxycodone, was, thus, indicated for what was characterized as postoperative pain relief purposes. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a postsurgical request, MTUS 9792.24.3 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 75 of the MTUS Chronic Pain Medical Treatment Guidelines did address the request in question, it was therefore invoked.

Topamax 200mg, #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Introduction, Medications for chronic pain.

Decision rationale: Conversely, the request for Topamax (Topiramate) 200 mg, #30, with six refills was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topiramate or Topamax is still considered for use for neuropathic pain when other anticonvulsants fail, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the 7-seven month supply of Topamax at issue, thus, ran counter to principles articulated both on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines as these do not contain a proviso to re-evaluate the applicant following introduction of the same. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a record of pain and function with the medication in question should be recorded. Here, thus, the request for a 7-month supply of Topamax was at odds with page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, page 47 of the ACOEM Practice Guidelines, and page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Celebrex 200mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications. Decision based on Non-MTUS Citation Food and Drug Administration CELEBREX(R) Gastrointestinal Risk.

Decision rationale: Finally, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that Celebrex, a COX-2 inhibitor, is indicated in the treatment of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, however, the attending provider did not state why he was furnishing the applicant with Celebrex, an anti-inflammatory medication, on August 14, 2015 if the applicant in fact had an active DVT requiring anticoagulation. Provision of Celebrex, an anti-inflammatory medication, was not seemingly indicated here, given the fact that the Food and Drug Administration (FDA) notes that all NSAIDs, including Celebrex, cause an increased risk of gastrointestinal adverse effects to include bleeding. Here, the applicant was already at heightened susceptibility for bleeding on August 14, 2015, given the reports of an active DVT requiring anticoagulation present on that date. Therefore, the request was not medically necessary.