

Case Number:	CM15-0196914		
Date Assigned:	10/12/2015	Date of Injury:	09/13/2001
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49-year-old female with a date of injury of September 13, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, spinal enthesopathy, sacroiliitis, lower back pain, sciatica, lumbar and thoracic radiculopathy, and fasciitis. Medical records dated July 16, 2015 indicate that the injured worker complained of lower back pain with residual pain that radiates down into the right buttock rated at a level of 9 out of 10 and 5 out of 10 with medications. Records also indicate that medication is not as effective. A progress note dated September 10, 2015 documented complaints similar to those reported on July 16, 2015 with pain rated at a level of 4 out of 10 and 7 to 8 out of 10 without medications. Records also indicate that the injured worker was "Stabilized on current medication regimen with adequate analgesia, improved activities of daily living, no adverse effects, and no evidence of aberrant drug taking." The physical exam dated July 16, 2015 reveals lumbar spine tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1, positive lumbar facet loading maneuvers, positive Patrick's FABAR test, Gaenslen's test, and Yeoman's test, and tenderness with lateral compression of the sacroiliac joints bilaterally. The progress note dated September 10, 2015 documented a physical examination that showed no changes in the examination of the spine since the exam performed on July 16, 2015. Treatment has included bilateral sacroiliac joint injections, physical therapy, transcutaneous electrical nerve stimulator unit, spinal cord stimulator, and medications (Mobic 15mg, Norco, 10-325mg, Norflex 100mg, Pantoprazole 20mg, Topamax 100mg, and Trazodone 50mg since at least December of 2014; Tramadol ER 200mg since July of 2015). The urine drug screen dated July 16, 2015 showed results consistent with the injured worker's prescribed medications. The original utilization review (September 18, 2015) partially certified a request for Topamax 100mg #18 (original request for #60) and Norflex 100mg #60 (original request for #90), and non-certified a request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Topamax 100mg: Upheld

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

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

Decision rationale: According to the guidelines, Topamax 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. In this case, the claimant has been on Topamax along with NSAIDs, muscle relaxants, opioids and antidepressants for several months with only a 2 point drop in pain score. There was no mention of failure of other anticonvulsants and the minimum improvement with multiple medications does not support its necessity. The request to continue Topamax is not medically necessary.

90 Norflex 100mg: 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: Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anti-cholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case the claimant was on Norflex along with opioids, NSAIDs for several months. Long-term use is not recommended. There was minimal improvement in scores with multiple medications. Continued use is not medically necessary.

120 Norco 10/325mg: 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, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids for several years. There was only a 2 point improvement with Norco along with muscle relaxants, anti-convulsants and anti-depressants. The continued and chronic use of Norco is not medically necessary.