

Case Number:	CM15-0199697		
Date Assigned:	10/14/2015	Date of Injury:	06/12/2009
Decision Date:	11/25/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 67 year old female, who sustained an industrial injury on 06-12-2009. The injured worker is currently permanent and stationary with permanent disability. Medical records indicated that the injured worker is undergoing treatment for cervical post-laminectomy syndrome status post left C5-C6 foraminotomy, lumbar post-laminectomy syndrome status post L4-5 lumbar fusion, and pain in shoulder joint status post left shoulder arthroscopy. Treatment and diagnostics to date has included cervical and lumbar spine surgeries and use of medications. Recent medications have included Methadone (since at least 04-13-2015), Topamax (since at least 04-13-2015), Ambien, Atorvastatin, Celebrex, and Cymbalta. After review of progress notes dated 08-24-2015 and 09-21-2015, the injured worker reported neck and low back pain and states she is feeling "slightly better than at her last visit". The treating physician noted that the Methadone decreases her pain level by "60-70% and allows her to sit for longer periods and to continue performing home exercise" and takes Topamax at bedtime for "neuropathic symptoms". Objective findings included spasm and guarding to the lumbar spine. The Utilization Review with a decision date of 10-08-2015 denied the request for Methadone HCL 5mg #60 and modified the request for Topamax 25mg #60 to Topamax 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg #60: 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): Methadone.

Decision rationale: Guidelines recommend Methadone as a second line drug for moderate pain if the potential benefit outweighs the risk. In this case, the patient is treated with over 20 medications including another opioid medication. Methadone is not recommended in patients taking other opioids and this patient is at risk for serious adverse events due to advanced age. The request for Methadone HCl 5 mg #60 is not medically necessary and appropriate.

Topamax 25mg #60: 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: Guidelines state that Topiramate may be used for neuropathic pain. In this case, the patient suffers from neck pain. However, there is no evidence of objective functional gains supporting the subjective report of benefit provided by the patient. Furthermore, there is no evidence that first line agents have failed. The request for Topiramate 25 mg #60 is not medically necessary and appropriate.