

Case Number:	CM15-0022387		
Date Assigned:	02/11/2015	Date of Injury:	04/07/2008
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 51-year-old female who reported an injury on 04/07/2008. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with cervicalgia, lumbago, and chronic pain syndrome. On 01/26/2015, the injured worker presented for a follow-up evaluation with complaints of persistent neck pain. The injured worker has failed conservative management with TENS therapy and home exercise. The injured worker was status post a bilateral medial branch block at L2-4 on 10/17/2014 with significant relief of symptoms, and was currently pending authorization for a radiofrequency ablation. The current medication regimen includes naproxen 500 mg, Topamax 50 mg, tizanidine 4 mg, Norco 10/325 mg, Percocet 10/325 mg, Valium 5 mg, Neurontin 600 mg, docusate sodium 100 mg, and omeprazole 20 mg. Upon examination, there was paravertebral muscle tenderness and spasm, positive lumbar facet loading bilaterally, negative straight leg raise, 5/5 motor strength, and intact sensation. Recommendations included a request for a lumbar radiofrequency ablation, continuation of the current medication regimen, continuation of TENS therapy, and continuation of home exercise. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 16-18, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for neuropathic pain when other anticonvulsants have failed. In this case, it was noted that the injured worker has continuously utilized the above medication since at least 08/2014. There is no documentation of a failure to respond to first line anticonvulsants prior to the initiation of Topamax 50 mg. There was also no documentation of a significant functional improvement. There is no frequency listed in the request. Given the above, the request is not medically appropriate in this case.

Norco 10/325mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue/discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 08/2014 without any evidence of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Percocet 10/325mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Weaning opioids (Specific guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 08/2014 without any evidence of objective functional improvement.

There was also no frequency listed in the request. Given the above, the request is not medically appropriate.