

Case Number:	CM15-0035114		
Date Assigned:	03/03/2015	Date of Injury:	10/23/2001
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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 42-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 23, 2001. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve requests for Topamax and morphine. The claims administrator referenced a January 30, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On January 30, 2015, the applicant reported ongoing complaints of back pain, neck pain, and bilateral arm pain, exacerbated by daily activities, negotiating stairs, lifting, pushing, pulling, standing, and twisting. The attending provider contended that the applicant would be bedridden without medications. The applicant's medications included aspirin, Zanaflex, Topamax, Norco, Neurontin, Elavil, and morphine. Multiple medications were renewed, along with the applicant's permanent work restrictions. The attending provider contended that the applicant was trying to assist her mother in performing certain tasks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax tablets 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs); Topiramate (Topamax, no generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter: Anti-epilepsy drugs (AEDs) for pain, Central pain; Specific Anti-epilepsy drugs: Topiramate (Topamax, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21.

Decision rationale: No, the request for Topamax, an anticonvulsant adjuvant medication, 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 can be considered or use for neuropathic pain when other anticonvulsants fail, in this case, however, the applicant was described as concurrently using a second anticonvulsant adjuvant medication, gabapentin, on or around date in question, January 30, 2015, effectively obviating the need for Topamax (topiramate). Therefore, the request was not medically necessary.

Morphine sulfate 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Morphine Sulfate, Morphine sulfate ER, CR (Avinza; Kadian; MS Contin; Oramorph SR; generic available, except extended release capsules). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter, Opioids, criteria for use; When to discontinue Opioids; Opioids, dosing; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for morphine, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, the applicant does not appear to be working with permanent limitations in place, at least in a formal capacity. The attending provider's commentary to the effect that the applicant is trying to assist her mother perform various and sundry tasks does not appear to represent formal employment. The attending provider's commentary to the effect that the applicant would be bedridden without her medications likewise does not constitute evidence of a meaningful commentary and/or significant benefit effected as result of ongoing morphine usage. Finally, the attending provider's continued commentary to the effect that the applicant was having difficulty performing activities of daily living as basic as lifting, standing, and walking, moreover, did not make a compelling case for continuation of morphine. Therefore, the request was not medically necessary.

