

Case Number:	CM15-0054773		
Date Assigned:	03/30/2015	Date of Injury:	10/04/2002
Decision Date:	05/05/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: Iowa

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 injured worker is a 49 year old female, who sustained an industrial injury on 10/4/2002. The current diagnoses are lumbar facet arthropathy at L3-4 and L4-5, status post lumbar fusion, and cervical spine strain. According to the progress report dated 2/12/2015, the injured worker complains of low back pain with paresthesia in her lower extremities. The pain is rated 5/10 on a subjective pain scale. Additionally, she reports pain in the neck with radiation down her right shoulder associated cervicogenic headaches. The current medications include multiple pain and ancillary medications. Treatment to date has included medication management, MRI of the lumbar spine, electrodiagnostic studies, surgical intervention, spinal cord stimulator, trigger point injections, acupuncture, and chiropractic treatments with physiotherapy modalities. The plan of care includes Norco, Trokendi XR, and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Norco is an opioid class pain medication, brand name for hydrocodone/acetaminophen. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. Documentation does state that the patient has failed NSAID therapy. However, the treating physician has not provided rationale for the extended use of this medication, and does not provide sufficient documentation regarding the reported pain over time or specific objective functional improvement while on this medication. The documentation indicates that the patient has had some non-specific improvement in pain while on the medication, but also states that pain and decreased functional status are continuing. Therefore, the request for Norco 10/325 #60 is not medically necessary at this time.

Trokendi Extended Release 50mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Topiramate Page(s): 16-22, 49, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: Trokendi ER is the brand name version of topiramate, which is an anti-epileptic medication, in an extended release formulation. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but not for other types of chronic pain. Topiramate has been shown to have variable efficacy, and Gabapentin is considered first-line therapy for this indication. Combination therapy is only recommended if there is no change with first-line therapy and evidence shows significant improvement on the medications. ODG also recommends primary treatment for neuropathy with Gabapentin, and that if inadequate control is found to switch to another first-line drug. The medical documentation indicates the patient has radicular symptoms and this medication is to treat these, but does not specifically indicate a diagnosis of neuropathic pain. There is no evidence of failure of other first line anticonvulsants, although it is mentioned that Lyrica makes the patient feel sedated. There is no other justification provided for the use of this medication. Therefore, the request for Trokendi ER, 50 mg #30, is not medically necessary.

