

Case Number:	CM15-0081940		
Date Assigned:	05/04/2015	Date of Injury:	02/15/2012
Decision Date:	06/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female, who sustained an industrial injury on 02/15/2012. The initial complaints or symptoms included back pain, left arm pain and left scapular pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, and conservative therapies. Currently, the injured worker complains of chronic neck, back and left shoulder pain despite physical therapy. The injured worker reported that current medications, consisting of Relafen, Norflex, Venlafaxine HCL ER, buprenorphine, topirmate-topamax, helped reduce pain. The diagnoses include lumbar disc displacement, cervical disc displacement, thoracic strain/sprain, and lumbosacral spondylosis. The request for authorization included retrospective request for buprenorphine sublingual troches and topirmate-topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Buprenorphine 0.25 mg sublingual troches #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Retrospective Buprenorphine 0.25 mg sublingual troches #60 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Buprenorphine can be recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The appeal dated 4/27/15 states that the patient has a 9/10 VAS. She has worsening left side neck and left shoulder pain. She cannot clean around the house, has trouble getting up out of the chair and out of a car. The appeal states that the guidelines support continued opioid therapy for moderate-severe pain. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or objective significant functional improvement or pain relief therefore the request for retrospective Buprenorphine 0.25 mg sublingual troches #60 is not medically necessary.

Retrospective Topirmate-Topamax 25 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDS Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Topiramate (Topamax, no generic available) Page(s): 17-18 and 21.

Decision rationale: Retrospective Topirmate-Topamax 25 mg #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Topiramate (Topamax, no generic available) 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. The MTUS states that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epileptics depends on improved outcomes versus tolerability of adverse effects. The documentation indicates that the patient has failed Gabapentin and has neuropathic pain, however there is no evidence of significant pain relief or objective measurements of functional improvement from prior Topiramate therefore this request is not medically necessary.