

Case Number:	CM15-0086637		
Date Assigned:	05/08/2015	Date of Injury:	03/31/2006
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/05/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old female who sustained an industrial injury on March 31, 2006. Previous treatment includes physical therapy, TENS unit, epidural steroid injection, spinal cord stimulator trial and implant, acupuncture, chiropractic therapy and massage therapy. Currently the injured worker complains of continued back pain and left foot and knee pain. She reports that her thoracic spine pain is decreased and otherwise her pain is unchanged since the previous evaluation. She reports her left leg pain is 6 on a 10-point scale and describes it as aching, shooting, dull, sharp and tingling. Her thoracic spine pain is rated as an 8 on a 10-point scale and described as aching and shooting. Her lumbar spine pain is rated a 9 on a 10-point scale and described as aching and dull and her pin in the right wrist is rated a 5 on a 10-point scale and is described as sharp and shooting. She reports exhaustion and that the Wellbutrin is maintaining appropriate affect and moderately helping with her pain control. She reports that her neuropathic pain in the foot and leg is improved with Topamax and that her restless leg is well controlled with Klonopin. With regard to her activities of daily living, she reports that she can cook, dress, and walk about 15 minutes and bathe without assistance. She cannot lift, push, pull, or perform any household chores. Diagnoses associated with the request include lumbar/lumbosacral disc degeneration, lower limb RSD, and pain in limb. The treatment plan includes continuation of Klonopin, Topamax, Provigil and Wellbutrin, MRI of the left knee, EMG of the left lower extremity and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg #30 x refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The patient presents with diagnoses of lumbar/lumbosacral disc degeneration, lower limb RSD and pain in limb. The injured worker currently complains of continued back pain and left foot and knee pain. The current request is for Wellbutrin LX 300mg #30 x refill. The treating physician states on 4/28/15 (41B) that, she reports exhaustion and that the Wellbutrin is maintaining appropriate affect and moderately helping with her pain control. The UR dated 5/5/15 (17B) certified the requested Wellbutrin LX 300mg #30 x 1 refill. MTUS Guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In this case, the treating physician has documented the patient's medical need for the current medication and the efficacy of said treatment consistent with guidelines as supported at UR. Therefore, the current request is medically necessary and the recommendation is for authorization.

Klonopin 2mg #15 x refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with diagnoses of lumbar/lumbosacral disc degeneration, lower limb RSD and pain in limb. The injured worker currently complains of continued back pain and left foot and knee pain. The current request is for Klonopin 2mg #15 x refill. Klonopin (Clonazepam) is in a group of drugs called benzodiazepines. Clonazepam affects chemicals in the brain that may become unbalanced and cause anxiety. The treating physician states on 4/28/15 (41B) that, she reports that her neuropathic pain in the foot and leg is improved with Topamax and that her restless leg is well controlled with Klonopin. The UR dated 5/5/15 (17B) certified the requested Klonopin 2mg #15 but did not certify the requested refill. MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. It is unclear how long the patient has treated with this medication however; the treating physician has prescribed benzodiazepines on an ongoing basis since at least August of 2014. In the clinical history provided there is no medical rationale provided as to why the patient requires this medication beyond the MTUS recommendation. In this case, the current request is not medically necessary and the recommendation is for denial.

Topamax 200mg #30 x refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Topiramate.

Decision rationale: The patient presents with diagnoses of lumbar/lumbosacral disc degeneration, lower limb RSD and pain in limb. The injured worker currently complains of continued back pain and left foot and knee pain. The current request is for Topamax 200mg #30 x refill. The treating physician states on 4/28/15 (41B) that, she reports that her neuropathic pain in the foot and leg is improved with Topamax and that her restless leg is well controlled with Klonopin. The UR dated 5/5/15 (17B) certified the requested Topamax 200mg #30 x 1 refill. MTUS and ACOEM are silent regarding this treatment. ODG notes the following regarding the use of anti-epileptic drugs for chronic pain: Recommended for neuropathic pain (pain due to nerve damage), but not for acute somatic pain. Topiramate (Topamax, generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. In this case, the treating physician has documented the patient's medical need for the current medication and the efficacy of said treatment consistent with guidelines as supported at UR. Therefore, the current request is medically necessary and the recommendation is for authorization.