MAXIMUS Federal Services

Case Number:	CM15-0233107		
Date Assigned:	12/08/2015	Date of Injury:	03/12/2010
Decision Date:	01/20/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/30/2015

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 56 year old male with a date of injury on 03-12-2010. The injured worker is undergoing treatment for lumbar myoligamentous injury, lumbar spine herniated nucleus and bilateral lower extremity radiculopathy. A physician note dated 07-10-2015 notes he has continues low back pain with radiation to his lower extremities. He recently had a flare of left knee pain that began in late May. It was found he had a meniscal tear and therapy was recommended. A physician note dated 08-06-2015 notes he has debilitating pain in his lower back that radiates down both lower extremities, right greater than left. At times, his pain is rated 8 out of 10. A physician progress note dated 11-02-2015 documents the injured worker has complaints of ongoing low back pain that radiates to both lower extremities right greater than left. He rates his pain as occasionally at 8 out of 10. He recently received an epidural injection that provided minimal relief. Since his last visit he fell while bowling and fractured his left hip and is now status post left hip hemiarthroplasty. He is non-weight bearing and presents in a wheelchair. It is documented he had electrodiagnostic studies that revealed acute L3 and L4 radiculopathy. Surgical intervention has been recommended for his lumbar area. He takes up to 4 Norco a day and this gives him 30-40% pain relief that last a good three to four hours. His medications enable him to keep his pain manageable. Prilosec aides in less GI upset. He has restricted lumbar range of motion and decreased sensory along the L5-S1 dermatomes. Treatment to date has included diagnostic studies, medications, epidural injections, trigger point injections, and therapy. Drug screen done on 08-07-2015 was positive for Hydrocodone; Alprazolam was not detected. Current meds include Norco (since at least 05-29-2015), Topamax

(since at least 05-29-2015), Naproxen, Prilosec, Neurontin, and Xanax. On 11-12-2015, Utilization Review modified the request for 120 Norco 10/325mg to #60 and 180 Topamax 50mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with ongoing low back pain that radiates to both lower extremities, right greater than left. The current request is for 120 Norco10/325. The treating physician states, in a report dated 11/02/15, "Norco 10/325 mg 1 tablet QID p.r.n." (4B). The MTUS guidelines state, for chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. While the physician notes 30-40% pain relief with Norco use, none of the reports document before and after pain scales. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures were provided as required by MTUS Guidelines. There are no urine drug screens provided to show adherence to prescribed medications. In this case, the physician has not provided the proper documentation of the required criteria based on the MTUS Guidelines for continued opiate use. The current request is not medically necessary.

180 Topamax 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with ongoing low back pain that radiates to both lower extremities, right greater than left. The current request is for 180 Topamax 50mg. The treating physician states, in a report dated 11/02/15, "Topamax 50 mg 1 tablet QID" (4B). The MTUS guidelines state, "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." In this case, the treating physician, based on the records available for review, fails to show significant clinical evidence of functional improvement and pain reduction. The current request is not medically necessary.