

Case Number:	CM15-0235673		
Date Assigned:	12/11/2015	Date of Injury:	05/10/2013
Decision Date:	01/15/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	12/02/2015

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 41 year old male who sustained an industrial injury on 5-10-2013. A review of medical records indicates the injured worker is being treated for spinal stenosis, lumbar region, intervertebral disc disorders with radiculopathy, lumbar region, other intervertebral disc degeneration, lumbar region, and low back and left radicular symptoms from recurrent disc herniation. Medical records dated 10-26-2015 noted chronic low back pain and left lower extremity dysesthesias. Pain with medication was 2-4 out of 10 and without medications 7 out of 10. Pain was the same at the prior visit. Physical examination noted tenderness in the lumbar spine. Sensation was decreased in the left anterior thigh. Straight leg raise was positive on the left. Treatment has included Norco since at least 4-7-2015 and Topamax since 10-26-2015. UDS dated 8-12-2015 was positive for hydrocodone. Utilization review form dated 11-2-2015 noncertified Norco 10-325mg #150 and Topamax 25mg #70.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Norco 10/325mg #150 is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient reports no change in his symptoms. The documentation states that there has been ineffective pain management with Norco 10/325 using 4-5 tablets daily. The documentation is not clear that Norco has led to a significant improvement in pain management or increase in function. Furthermore, the document dated 8/24/15 states that the patient medication allergic reactions included acetaminophen. The request for continued Norco is not medically necessary.

Topamax 25mg #70: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: Topamax 25mg #70 is medically necessary per the MTUS Guidelines. The MTUS states that Topiramate 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 documentation indicates that the patient has failed other neuropathic agents. It is not unreasonable to try Topamax therefore this request is medically necessary.