

Case Number:	CM13-0006689		
Date Assigned:	10/11/2013	Date of Injury:	10/20/2007
Decision Date:	02/25/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 55 year old male with a date of injury on 10/20/07. The patient's diagnoses include: displacement of lumbar intervertebral disc without myelopathy; degenerative lumbosacral disc; spinal stenosis of lumbar region; status post lumbar surgery in December of 2007. The progress report dated 7/12/13, noted that the patient reported pain at 4/10 in his back, continued depression symptoms and continued visits with psychologist. The patient also reported that medications help reduce pain and allow for greater function without side effects. The progress report dated 3/13/13 by [REDACTED] noted that the patient has radicular pain bilateral in his legs, burning with numbness and tingling. The patient was started on Topamax as it was helpful in the past. It was also noted that the Norco helped to improve his stamina for standing and walking and he has no side effects with the Norco. The progress report dated 1/18/13 noted that the patient was prescribed Norco as well as Fexeril and the medications do help some with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bit/APAP/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

Decision rationale: The progress report dated 3/13/13 noted that the patient has radicular pain bilateral in his legs, burning with numbness and tingling. The patient was started on Topamax as it was helpful in the past. It was also noted that the Norco helped to improve his stamina for standing and walking and he has no side effects with the Norco. The progress report dated 1/18/13 noted that the patient was prescribed Norco as well as Fexeril and the medications do help some with pain. MTUS recommends an increase in level of function as a satisfactory response to therapy which is indicated in this case. Under strategy for maintenance, MTUS also does not recommend lowering the dose if it is working. Therefore authorization is recommended.

Cyclobenzaprine-Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The progress report dated 3/13/13 noted that the patient has radicular pain bilateral in his legs, burning with numbness and tingling. The patient was started on Topamax as it was helpful in the past. It was also noted that the Norco helped to improve his stamina for standing and walking and he has no side effects with the Norco. The progress report dated 1/18/13 noted that the patient was prescribed Norco as well as Fexeril and the medications do help some with pain. MTUS page 64 regarding Flexeril indicates recommendation for short course of therapy and limited, mixed-evidence does not allow for a recommendation for chronic use. The records appear to indicate that the patient has been on long term use of flexeril which is not supported by the guidelines noted above. Recommendation is for denial.

Topiramate-Topamax 25mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: The progress report dated 3/13/13 noted that the patient has radicular pain bilateral in his legs, burning with numbness and tingling. The patient was started on Topamax as it was helpful in the past. It was also noted that the Norco helped to improve his stamina for standing and walking and he has no side effects with the Norco. The progress report dated 1/18/13 noted that the patient was prescribed Norco as well as Fexeril and the medications do help some with pain. MTUS pg. 16-17 state that anti-epilepsy drugs such as Topamax are recommended for neuropathic pain which this patient has, therefore authorization is recommended.

Initial evaluation at the [REDACTED] Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: MTUS has specific criteria for FRPs, including: "The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided)" and "(5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." The 6/14/13 medical reports states that the patient requires extensive surgery and his condition would not improve without it. ■■■■■ felt hip replacement surgery would be required prior to lumbar spine surgery. The patient does not meet the MTUS criteria for the FRP. Furthermore, the physician has not discussed wither the patient is motivated to change and is willing to forgo secondary gains, and the negative predictors of success have not been addressed.

Ketamine 5% cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS states topical Ketamine is understudy, and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The available medical reports did not document failure of all primary and secondary treatments. The medical reporting did not document any functional improvement with Ketamine. There was no documentation of decreased pain, or improved function or improved quality of life. MTUS does not recommend continuing with a treatment that does not produce a satisfactory response.