

Case Number:	CM14-0116605		
Date Assigned:	09/23/2014	Date of Injury:	02/16/2010
Decision Date:	10/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38-year-old female with a 2/16/10 date of injury; the mechanism of the injury was not described. The patient underwent Medtronic's paddle laminectomy in 2012. The progress notes indicated that the patient was taking Topamax, Duragesic and Roxicodone at least from 1/11/14. The patient was seen on 6/4/14 with complaints of 8/10 pain in both lower extremities. The patient stated that the medication helped her. Exam findings of the cervical spine revealed tenderness to palpation in the posterior cervical spine musculature, trapezius and sub-occipital region, and multiple trigger points and taut bands palpated through. The cervical spine range of motion was decreased by 15-20 degrees. The deep tendon reflex (DTR) in the right biceps was 1+ and 2+ in the left biceps, bilateral triceps and bilateral brachioradialis. The strength in the upper extremities was 5/5 and the sensory was decreased along the posterior lateral arm and forearm on the right. The examination of the feet and ankles revealed mild hypersensitivity to light touch and there was swelling along the left foot and ankle with slight bluish discoloration. The diagnosis is status post right foot and ankle surgeries, spinal cord stimulator placements, cervical radiculopathy, right lower extremity complex regional pain syndrome. Treatment to date: acupuncture, work restrictions and medications. An adverse determination was received on 6/19/14. The request for Duragesic 50mcg #15 was denied given that the provider did not submit the documentation including recent drug test, attempt of weaning/tapering and subjective and objective functional improvement. The request for Topamax 200mg #90 was denied given that there was a lack of documentation including objective functional gains from the previous treatment. The request for Roxicodone 30mg #60 was denied given that that the provider did not submit the documentation including recent drug test, attempt of weaning/tapering and subjective and objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids / therapeutic trial of opioids: steps to take before a The.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Fentanyl Transdermal System Page(s): 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic (fentanyl transdermal system) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. The progress notes indicated that the patient was taking Duragesic at least from 01/11/14. However, there is a lack of documentation indicating objective functional gains from the treatment. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Therefore, the request for Duragesic 50mcg #15 is not medically necessary.

Topamax 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The progress notes indicated that the patient was taking Topamax at least from 01/11/14. However, there is a lack of documentation indicating objective functional gains from the treatment. In addition, it is not clear if the patient tried and failed other anticonvulsant medications. Therefore, the request for Topamax 200mg #90 is not medically necessary.

Roxicodone 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids / therapeutic trial of opioids: steps to take before a The.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was taking Roxicodone at least from 01/11/14. However, there is a lack of documentation indicating objective functional gains from the treatment. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Therefore, the request for Roxicodone 30mg #60 is not medically necessary.