

Case Number:	CM14-0119634		
Date Assigned:	09/24/2014	Date of Injury:	04/12/2012
Decision Date:	11/13/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 37-year-old man who sustained a work-related injury on April 12, 2012. Subsequently, he developed chronic back pain. The patient pain secondary to severity was rated as 3/10 without medication and 7/10 without medication. The patient was treated with the Colace, Neurontin, Ibuprofen, Wellbutrin, Senokot, Trazodone, Oxycodone and Norco. His physical examination demonstrated the lumbar tenderness with reduced range of motion, positive straight leg raising and tenderness over the sacroiliac spine, positive lumbar facet loading test and the tenderness over the left trochanter area. The patient neurologically examination was normal. The provider request authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: Topamax (Topiramate) Tablets and Topamax (Topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic headache in this patient. There is no documentation that the patient has functional improvement of previous use of Topamax. Therefore the prescription of Topamax is not medically necessary.

Amitiza 24mcg BID PRN #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Opioid induced constipation treatment

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: MTUS guidelines did not address the use of Amitiza for constipation treatment. According to ODG guidelines, Amitiza is recommended as a second line treatment for opioid induced constipation. The first line of measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the first line measurements were used. Therefore the use of Amitiza 24mcg BID PRN #60 is not medically necessary.

Nortriptyline HCL 25mg Take 1-2 at bedtime as needed #60: Upheld

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

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

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: According to MTUS guidelines, tricyclics (Nortriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient file, there was no documentation of a specific objective neuropathic pain condition occurring on physical examination. There is no documentation of diabetic neuropathy or post-herpetic neuralgia. Based on the above, the prescription for Nortriptyline HCL 25mg Take 1-2 at bedtime as needed #60 is not medically necessary.