

Case Number:	CM14-0137149		
Date Assigned:	10/09/2014	Date of Injury:	06/18/2002
Decision Date:	11/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 58-year-old female who reported an injury on 06/18/2002. The injured worker was an RN nurse and reportedly sustained an industrial injury at [REDACTED] from 38-year-old male homeless patient who was difficult to manage and combative. The next day the injured worker developed pain in her left arm. The injured worker's treatment history included cervical discectomy and fusion with placement of hardware, medications, facet rhizotomies, and sacroiliac joint rhizotomies, and physical therapy. The documentation submitted on 11/13/2008 noted that the injured worker's prescribed medications included Topamax 150 mg twice a day, Celebrex 200 mg twice a day, and Soma 350 mg at bedtime. The injured worker uses Norco, taking 2 tablets a day. On 05/22/2009 the injured worker had returned to school to get her master's degree in nursing and she was taking online classes from home on a computer. The injured worker was evaluated on 09/11/2014. It was documented the injured worker complained of low back pain, left leg pain, and left arm pain, and numbness in the right big toe. Physical examination revealed tenderness to palpation of her lumbar paraspinal musculature from L1-5 and bilateral SI joints. Lumbar flexion was 30 degrees and return to neutral elicits moderate pain. She was unable to extend beyond neutral and due to pain, rotation and lateral bending were 40 degrees. Bilateral straight leg raise was mildly positive eliciting pain over the lumbar paraspinal musculature. There were dysesthesias and hypoesthesia over posterior lateral bilateral legs from hips to heels. Hypoesthesia was constant over anterior thighs. Dysesthesias were noted in bilateral 1st and 2nd toes and medial calves and medial right foot, especially the big toe. The injured worker stated that the left arm and low back pain level was 3/10 to 4/10 with medications, and 7/10 to 8/10 without medications. Medications are beneficial, with no side effects. The injured worker reported the benefit of chronic pain medication maintenance regimen, activity, restriction, and rest continue to keep pain within a manageable

level to allow the injured worker to complete necessary activities of daily living such as working. Medications included Percocet 10/325 mg, Soma 350 mg, Topamax 50 mg, Flector patches, and Xartemis XR. Diagnoses included lumbar degenerative disc disease, lumbar radiculopathy, lumbar facet arthrosis, and bilateral sacroiliac joint osteoarthritis, history of cervical spine fusion in 2003, regional myofascial pain and left shoulder pain. The Request for Authorization dated 09/11/2014 was for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Topamax 50mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drugs (AEDS) Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Topamax is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The injured worker's diagnoses are lumbar degenerative disc disease, lumbar radiculopathy, lumbar facet arthrosis, bilateral sacroiliac joint osteoarthritis, and regional myofascial pain. The documents provided failed to indicate the injured worker having a diagnosis of post herpetic neuralgia or neuropathic pain. Additionally, the injured worker has been on Topamax approximately since 11/2008 with no functional improvement. As such, the request for prospective 1 prescription of Topamax 50 mg #180 with 3 refills is not medically necessary.

Prospective request for 1 prescription of Xartemis XR #20 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. The documents submitted for review indicated the injured worker has been on Xartemis XR approximately since 11/2008. The guidelines state for long term use of opiate medication, if the patient has returned to work and if the patient has improved functioning and pain. The documentation submitted on 09/11/2014 indicated the injured worker reported the benefit of chronic pain medication maintenance regimen, activity restrictions, and

rest continue to keep pain within a manageable level to allow the injured worker to complete necessary activities of daily living such as working as a functional nurse practitioner. However, the documents submitted on 05/22/2009 indicate the injured worker was working on her master's degree at home using online classes. Moreover, the provider failed to indicate a urine drug screen for opiate compliance. As such, the request for prospective 12 prescription of Xartemis XR #20 with 3 refills is not medically necessary.