

<b>Case Number:</b>	CM14-0165965		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/28/2002
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 28, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; earlier lumbar laminectomy surgery; and subsequent spinal cord stimulator implantation. In a Utilization Review Report dated October 2, 2014, the claims administrator approved a request for Restoril, partially certified requests for Norco and Amrix, denied a request for Topamax, partially approved a request for Neurontin, and denied a request for physical therapy. The applicant's attorney subsequently appealed. In an October 9, 2014 progress note, the applicant reported persistent complaints of low back pain. It was stated that the applicant's medication regimen was allowing her to maintain appropriate levels of function and be a productive, functional member of society. The applicant was working regular duty work; it was stated at the bottom of the report, despite ongoing complaints of low back pain. The note was somewhat difficult to follow and mingled old complaints with current complaints. The applicant's medication list included Restoril, Norco, Flexeril, and Topamax. The applicant's BMI was 20. The applicant exhibited -5/5 right lower extremity versus 5/5 left lower extremity strength. Regular duty work and 8 to 18 sessions of physical therapy were sought. It was stated that the applicant had recently been approved for 15 sessions of physical therapy and had completed 12 of the 15 treatments. The applicant was also asked to stay on Neurontin. In a progress note dated September 18, 2014, the applicant again reported persistent complaints of low back pain. The applicant stated that her pain complaints were more tolerable with the current medication regimen. The applicant's medication list reportedly included Restoril, Norco, Flexeril, and Topamax. The applicant had issues with insomnia, it is further noted. Restoril,

Norco, Amrix, Topamax, and Neurontin were all endorsed. It was again reiterated that the applicant was working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10mg, #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is deriving appropriate analgesia from ongoing Norco usage; it has been stated on several occasions. Ongoing usage of Norco has ameliorated the applicant's ability to perform activities of daily living and return to work, it was further noted on several occasions referenced above. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

**Amrix 15mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Amrix) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of analgesic and adjuvant medications. Adding Amrix (cyclobenzaprine) to the mix is not recommended. Therefore, the request is not medically necessary.

**Topamax 100mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

**Decision rationale:** While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topiramate or Topamax can be employed for neuropathic pain in applicants in whom other anticonvulsants fail, in this case, however, the applicant's ongoing usage of Neurontin (gabapentin), a first-line anticonvulsant adjuvant medication, effectively obviates the need for Topiramate (Topamax). Therefore, the request is not medically necessary.

**Neurotin 800mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the applicant has reportedly achieved and/or maintained successful return to work status post with ongoing gabapentin (Neurontin) usage, the attending provider has posited. Ongoing usage of Neurontin has reportedly diminished the applicant's radicular pain complaints, it has been further suggested above. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

**Physical Therapy Right Hip and Lumbar Spine 3 Times a Week for 6 Weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

**Decision rationale:** The 18-session course of therapy proposed, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the issue reportedly present here. It is further noted that the applicant has apparently completed 12 to 15 recent sessions of physical therapy, per the attending provider. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, the applicant has reportedly returned to work. It is unclear why the applicant cannot likewise transition to self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.