

Case Number:	CM14-0166727		
Date Assigned:	10/13/2014	Date of Injury:	10/13/1999
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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, 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 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 61 years old female with an injury date on 10/13/1999. Based on the 10/09/2014 progress report provided by [REDACTED], the patient has lumbar post laminectomy, spinal stenosis lumbar and chronic pain syndrome with fracture s/p ORIF 2013. According to this report, the patient complains of severe midline low back pain that is stabbing. Pain is rated at a 6/10 with medications and 9/10 with medications. Physical exam reveals restricted lumbar range of motion. Tenderness and spasm is noted the bilateral paravertebral muscles, L4 and L5 spinous process. Deep tendon reflex of the bilateral patella is a 2/3, bilateral hamstring is a 1/3, and bilateral Achilles reflex is a 1/3. The patient noted "depression and anxiety that deepened with this new of medication denial." Patient's medical history includes Tubal ligation, ligament repair right wrist 2000, left wrist ORIF 2013 due to fracture, pacemaker 2011, lumbar fusion L3-S1 2005, and S/P hardware removal 2008. There were no other significant findings noted on this report. The utilization review denied the request on 10/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/02/2014 to 10/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #90 with 2 refills: 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 Topiramate (Topamax); Page(s): 16-17, 21.

Decision rationale: According to the 10/09/2014 report by [REDACTED] this patient presents with severe midline low back pain that is stabbing. Topamax was first mentioned in the 04/02/2014 report; it is unknown exactly when the patient initially started taking this medication. According to MTUS Guidelines page 21, "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at post herpetic neuralgia and painful polyneuropathy." Review of reports indicates that the patient has neuropathic pain. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. However, the physician does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.

MsContin 30mg #90 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88-89, 76-78.

Decision rationale: According to the 10/09/2014 report by [REDACTED] this patient presents with severe midline low back pain that is stabbing. MS Contin was first mentioned in the 04/02/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No specific ADL's and opiate monitoring such as urine toxicology are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Lidoderm 1% patch apply twice a day, 12 hours on and 12 hours off: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding lidoderm patches, Medications for chronic pain Page(s): 56-57,.

Decision rationale: According to the 10/09/2014 report by [REDACTED] this patient presents with severe midline low back pain that is stabbing. The physician is requesting Lidoderm 7% patch applies twice a day, 12 hours on 12 hours off. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has lumbar neuropathic pain but this is not a localized condition. Furthermore, the physician does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Lidoderm is not indicated for axial spinal pains. Recommendation is for denial.