MAXIMUS Federal Services

Case Number:	CM14-0184326		
Date Assigned:	11/12/2014	Date of Injury:	12/13/2013
Decision Date:	12/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology 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 23-year-old male with a date of injury of 12/13/2013. The patients' diagnoses include lumbar disc injury with radiculopathy, segmental dysfunction - lumbar spine, chronic lumbosacral strain and post-traumatic myofascial pain. The patient reports constant moderate low back pain with radicular symptoms to the left lower extremity. The symptoms are notably worse with prolonged standing. The patient reports relief with medications. On 04/25/2014 there is a request for Topiramate and a simming pool exercise program. On 05/09/2014 there is a decrease of Topiramte to 50 mg QHS and an addition of Buproprion XL 150 mg QAM and a note to re-evaluate in two weeks. On 09/18/2014 there is a request for Topiramate 50 mg #60, Buproprion XL 150 mg, Terocin cream 120 ml, and a swimming pool exercise program x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED's), Topiramate Page(s): 16-17, 21, 113.

Decision rationale: Topiramate, also known as Topomax is an anticonvulsant or antiepileptic agent/drug (AED) that has also been used to treat neuropathic pain. This patient does have evidence of a radiculopathy. There are other factors and considerations when utilizing AED's for treatment of pain. These include consideration of the outcome or response to medication. Specifically a moderate response is defined as a 30% reduction in pain. And, if there is not at least a moderate reduction in pain it may require reevaluation and a switch to a different first-line agent or consideration of combination therapy. After initialtion there must be documentation of pain relief and functional improvement. There is no documented evidence of specific information regarding improved functioning, amount of pain relief or side effects noted. In addition, AED's are not recommended for treatment of myofascial pain or somatic sources of pain. Therefore, the above listed issue is considered to be not medically necessary.

Terocin ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Lidocaine, Page(s): 28-29, 56-57, 105, 111.

Decision rationale: Terocin ointment is a combination topical analgesic consisting of methyl salicylate, capsaicin, menthol and lidocaine. It is often prescribed to treat muscle and joint pain. In general topical analgesics are largely experimental and primarily recommended for neuropathic pain after failure of antidepressants, per MTUS Guidelines. Lidocaine is recommended but not as a first-line treatment for localized peripheral pain and neuropathic pain. It is only recommended after evidence of a trial of first-line therapy. Methyl Salicylate is recommended in chronic pain. Capsaicin specifically is recommended as an option for patients who have not responded or are intolerant of other treatments. There is no documentation indicating the reason for the request of this combination of topical analgesics. MTUS is silent on menthol. According to MTUS guidelines there are several agents that may be compounded for pain control. There is little research to support the use of these agents. Per MTUS Guidelines, any product that is compounded and contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered not medically necessary.

Bupropion XL 150 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (bupropion), Antidepressants for chronic pain Page(s): 13-16, 27, 125.

Decision rationale: Bupropion, also known as wellbutrin is an atypical antidepressant medication. It is a norepinephrine and dopamine reuptake inhibitor. In general, antidepressants are recommended as a first line option for neuropathic and non-neuropathic pain. The effect of the antidepressant takes several weeks to occur and efficacy must be assessed for continued use.

There is documented evidence of bupropion on 05/09/2014 without clearly documented evidence of assessment of treatment efficacy in follow up. This assessment should include pain, and function, sleep quality/duration and psychological assessment. Side effects should also be assessed. Without proper assessment and evaluation of efficacy it is not possible to determine the need for continued medication request for bupropion on 09/18/2014. Therefore, the above listed issue is considered not medically necessary.

Six sessions of a swimming pool exercise program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Exercise Page(s): 22-23, 46-47.

Decision rationale: According to the MTUS Guidelines exercise is recommended, however, there is no recommendation for any particular exercise program or regimin over any other program. There is evidence to suggest that physical conditioning in chronic pain patients can have long-term benefits and an aquatic exercise program, three times per week for eight months was found to be cost-effective, per MTUS guidelines. Aquatic therapy is recommended as an optional form of exercise therapy. Therefore, the above listed issue is considered to be medically necessary.