

Case Number:	CM14-0082793		
Date Assigned:	07/21/2014	Date of Injury:	11/25/1997
Decision Date:	10/09/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 11/25/1997. The mechanism of injury was not provided. On 04/08/2014, the injured worker presented for a followup visit post revision of left knee TKA. The date of surgery was 09/30/2013. Current medications included Lidoderm, oxycodone, Flexeril, Xanax, OxyContin, and Flexeril. On examination of the left knee, there was no erythema or drainage or indication of infection. There was mild swelling present. The provider recommended topiramate 25 mg, oxycodone 10 mg, and OxyContin 20 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for topiramate 25 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines state that topiramate has been shown to be

effective for diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects that occurred with use. The continued use of AEDs depends on improved outcomes versus tolerability and adverse effects. The efficacy of the prior use of the medication was not documented. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Oxycodone 10mg #240: 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 request for oxycodone 10 mg with a quantity of 240 is not medically necessary. The California MTUS Guidelines recommend the use of opioids in the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Oxycontin 20mg #60: 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 request for OxyContin 20 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids in the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.