

Case Number:	CM14-0093206		
Date Assigned:	07/25/2014	Date of Injury:	04/14/2001
Decision Date:	10/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 50-year-old gentleman who was reportedly injured on April 14, 2001. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated July 25, 2014, indicates that there are ongoing complaints of low back pain and left hip pain. There is also known history of gastroesophageal reflux. Current medications include Relafen, Topamax, tramadol, and Protonix. The injured employee stated that his ability to function has improved by about 50% with the use of medications. The physical examination demonstrated spasms and muscular guarding of the lumbar spine. Lower extremity strength was rated at 5/5. Diagnostic imaging studies objectified were not reviewed during this visit. Previous treatment includes a left-sided total hip arthroplasty and oral medications. A request was made for Synovacin, Topiramate, tramadol/APAP and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin-Glucosamine Sulfate 500 mg, QTY: 90, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis, Glucosamine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Glucosamine, Updated March 25, 2014.

Decision rationale: According to the Official Disability Guidelines, glucosamine is only recommended for the treatment of knee osteoarthritis. There has not been shown to be a benefit versus placebo in the treatment of hip osteoarthritis for treatment of the lumbar spine. As such, this request for Synovacin is not medically necessary.

Topiramate-Topamax 25 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Topiramate (Topamax, no generic av.

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

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of anticonvulsants, but notes that Topiramate may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anti-convulsants have been tried. As such, the request for Topamax 25 mg is not medically necessary..

Tramadol/APAP 37.5/325 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.