

Case Number:	CM14-0140783		
Date Assigned:	09/10/2014	Date of Injury:	06/06/2013
Decision Date:	02/25/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 52 year old female who was injured on 6/6/2013. She was diagnosed with low back pain and left hip pain with facet arthropathy. She was treated with physical therapy, medications (oral and topical), and TENS unit. She was released to modified work. On 8/9/14, the worker was seen by her primary treating physician for a follow-up, reporting continual low back pain with radiation to her left leg and associated with numbness and tingling. She reported not being able to go to work the previous day due to her pain related to her doing more physical duty. She reported Topiramate being helpful for her numbness and tingling and her collective medications help with her pain by about 30-40% and allow her to do activities of daily living better. She reported no side effects from the medications. Physical examination findings revealed tenderness of the lumbar spine area. She was then recommended Methoderm, Topiramate, naproxen, and tramadol. She was also recommended to continue her TENS, attend acupuncture sessions, continue home exercises, and trial cognitive behavioral therapy (pending).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-18, 21.

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

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Topiramate has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of "central" etiology and is still considered for use for neuropathic pain when other anticonvulsants fail. In the case of this worker, according to the notes provided for review, the use of Topiramate was documented as being modestly helpful with reducing numbness without any reported side effect, however there was no documented evidence suggesting other first-line anticonvulsants had been tried and failed or contraindicated before considering topiramate. The Topiramate will therefore be considered medically unnecessary.

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation suggesting this full review was completed regarding the tramadol before refilling the medication. The report on functional benefits found in the progress note was regarding all of her medications (or not specific) and a report on function and pain with and without each medication independently so as to identify more clearly how effective each medication is. Therefore, without evidence of clear and independent functional and pain-reducing benefits directly related to tramadol use, the tramadol will be considered medically unnecessary.

Mentherm 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that topical salicylates such as methyl salicylate are significantly better than placebo in chronic pain and are recommended. In order to justify continuation, however, evidence of functional benefit must be demonstrated. In the case of this worker, the use of Methoderm was not clearly demonstrating specific functional gains and pain reductions directly related to its use, separate from her other medications. Without this clear documented evidence of benefit, continuation cannot be justified and the Methoderm will be considered medically unnecessary until then.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 71, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, the chronic use of an NSAID many months after the acute phase of the injury seems unreasonable considering the side effect potential from these medications when using them regularly. There was no indication that the worker was having an acute flare-up which might have justified a short course of naproxen. On the contrary, however, the naproxen was refilled for daily use again for the following month. Therefore, the naproxen is not medically necessary.