

Case Number:	CM15-0016233		
Date Assigned:	02/04/2015	Date of Injury:	07/13/2001
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/28/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old female who reported an injury on 07/13/2001. The mechanism of injury was not stated. The current diagnoses are chronic and persistent low back pain, status post multiple surgical interventions, displacement of lumbar intervertebral disc without myelopathy, sciatica, spondylosis with myelopathy, lumbosacral radiculitis, major depressive disorder, enthesopathy of the hip, insomnia, drug induced constipation, mixed anxiety and depressive disorder, GERD, disorder of the thyroid gland, lumbar postlaminectomy syndrome, sacroilitis and thoracic radiculitis. The injured worker presented on 12/02/2014 with complaints of back and left hip pain. The injured worker also reported upper respiratory infection. The injured worker has not been participating in an active rehabilitation program. Upon examination there was an antalgic and slow gait. There were no changes to the neurological examination. The injured worker was able to move all extremities well without focal deficits. Recommendations at that time included continuation of the current medication regimen of diazepam 5 mg, MS Contin 60 mg, Vimovo 20 mg/500 mg and Topamax 25 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin, Ketamine, etc. PRN use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 and 111-113.

Decision rationale: California MTUS Guidelines do not recommend ketamine as there is insufficient to support its use for treatment of chronic pain. California MTUS Guidelines also state gabapentin is not recommended for topical use as there is no evidence for the use of antiepilepsy medication as a topical product. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically appropriate.

Vimovo 20mg-500mg 1 po BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, there was no indication that this injured worker was suffering from an acute exacerbation of chronic pain. The medical necessity for a combination medication has not been established. There is also no quantity listed in the request. As such, the request is not medically appropriate.

Topamax 25mg, 1 PO BID: Upheld

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

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

Decision rationale: The California MTUS Guidelines state Topamax has been shown to have failure to demonstrate efficacy in neuropathic pain of a central etiology. It is considered for neuropathic pain when other anticonvulsants have failed. In this case, there was no documentation of a failure of first line treatment prior to the initiation of Topamax. There was also no quantity listed in the request. As such, the request is not medically appropriate.

Lythyronine Sodium 25 mcg oral tablet 1 tab QAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Levothyroxine. Levothyroxine, a thyroid hormone, is used to treat hypothyroidism, a condition where the thyroid gland does not produce enough thyroid hormone. Levothyroxine is also used to treat congenital hypothyroidism (cretinism) and goiter (enlarged thyroid gland). Levothyroxine is also used with surgery and radioactive iodine therapy to treat thyroid cancer. Levothyroxine is in a class of medications called hormones. It works by replacing thyroid hormone that is normally produced by the body. Without thyroid hormone, your body cannot function properly, which may resu

Decision rationale: According to the US National Library of Medicine, levothyroxine is used to treat hypothyroidism. In this case there was insufficient information to support the medical necessity of this medication. There was also no quantity listed in the request. Given the above, the request is not medically appropriate at this time.

Diazepam 5mg 1-2 PO TID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy has been unproven and there is a risk of dependence. The injured worker does maintain a diagnosis of anxiety. However, the guidelines do not recommend long term use of benzodiazepines. There was no quantity listed in the request. As such, the request is not medically appropriate.

MS Contin 60mg 1 PO q 12 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects

should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There was no written consent or pain agreement for chronic use of an opioid. There was no quantity listed in the request. Given the above, the request is not medically appropriate.