

Case Number:	CM15-0017849		
Date Assigned:	02/05/2015	Date of Injury:	06/23/2003
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/30/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old female who sustained a work related injury June 23, 2003. While moving ice coolers on a dolly, it suddenly stopped and she fell backward on her back, striking her head. She experienced multiple areas of discomfort including; head, neck and back, and unspecified elbow. Past history included a lumbar spinal fusion in 2011. According to a back and pain physician's progress report, dated January 12, 2015, the injured worker presented for pain management follow-up. Physical examination revealed loss of lumbar lordosis, unable to perform heel and toe walk, tenderness to palpation lumbar spine with restricted and painful range of motion and decreased sensation to light touch, positive sciatic and femoral tension signs bilaterally, tenderness to palpation thoracic spine with restricted range of motion. Diagnosis is documented as lumbar radiculopathy secondary to failed back surgery syndrome. Treatment plan included refilling medications due to recent flare-ups of pain and insomnia due to pain. According to utilization review dated January 13, 2015, the request for Duragesic Patch 75mcg #10 has been modified to Duragesic Patch 75mcg #5, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Topamax 50mg #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 75mcg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: <Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means>. In this case, the patient continued to have pain despite the use of high dose of opioids. There is no documentation of continuous monitoring of adverse reactions. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Duragesic Patch 75mcg, #10 is not medically necessary.

Topamax 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>

Decision rationale: TOPAMAX (topiramate) Tablets and TOPAMAX (topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures>. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of chronic headache, neuropathic pain or failure of first line pain medications. Therefore, the prescription of Topamax 50mg #60 is not medically necessary.