MAXIMUS Federal Services

Case Number:	CM15-0111252		
Date Assigned:	06/17/2015	Date of Injury:	03/26/2001
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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, Hawaii
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 53-year-old female, who sustained an industrial injury on 3/26/2001. It was documented that she had multiple injuries in 1993 and 2001, with neck and low back injury arising out of and caused by the industrial exposure of 3/26/2001. She reported being hurt on the moving sidewalk at the zoo. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, post-laminectomy syndrome, and left knee internal derangement. Treatment to date has included diagnostics, two back surgeries (one with fusion and another for hardware removal), chiropractic, physical therapy, acupuncture, epidural steroid injections, trigger point injections, facet injections, and medications. Currently (5/14/2015), the injured worker complains of moderate to severe pain, rated 4-8/10. Pain was associated with tingling and weakness in the hands. It was made worse with activity and improved with rest and medications. She reported doing well with Butrans, enabling her to go swimming. She was currently retired and work status was permanent and stationary. Exam noted an antalgic gait and mildly reduced range of motion in the lumbar and cervical spines, due to pain. The treatment plan included continued Tramadol and Butrans, with initiation of second line antiepileptic agent, Topiramate. It was documented that she was refractory to treatment with Gabapentin. The Established Patient Updated History form (5/14/2015) rated pain at 7-8/10. The previous progress report (4/02/2015) noted pain rating at 7/10, noting that she had not yet started the Butrans patch and was taking Tramadol and Norco. Pain ratings appeared consistent for several months. Urine toxicology (1/07/2015) was documented as consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain that is rated a 4-8/10 with tingling and weakness in the hands. The current request is for Tramadol 50mg. The patient has been prescribed Tramadol since at least 10/10/14. The 2/26/15 treating physician report states that the CURES report and urine drug screen were appropriate. The treating physician report dated 5/14/15 (48b) states, "Continue Tramadol and Butrans, Tramadol is refilled today. We will initiate therapy with second line antiepileptic agent, Topiramate. She is refractory to treatment with Gabapentin. This will help her neuropathic pain, especially for her pain at night. " For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has stated a range of pain for the patient (4-8/10), but there are no before or after pain scales used. There is no discussion regarding ADLs or any functional improvements with opioid usage. There is no discussion of side effects and there is documentation of a prior review of CURES and UDS found in the records. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. There is no way to tell if the current opiate medication is providing functional improvements for this patient. The medical records provided for review do not show proper documentation of the four A's as required by the MTUS guidelines. The current request is not medically necessary.

Butrans 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain that is rated a 4-8/10 with tingling and weakness in the hands. The current request is for Butrans 20mg. The patient has been prescribed Butrans since at least 2/26/15. The 2/26/15 treating physician report states that the CURES report and urine drug screen were appropriate. The treating physician report dated 5/14/15 (48b) states, "Continue Tramadol and Butrans, Tramadol is refilled today. We will initiate therapy with second line antiepileptic agent, Topiramate. She is refractory to treatment with Gabapentin. This will help her neuropathic pain, especially for her pain at night. " For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or

validated instrument. " MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has stated a range of pain for the patient (4-8/10), but there are no before or after pain scales used. There is no discussion regarding ADLs or any functional improvements with opioid usage. There is no discussion of side effects and there is documentation of a prior review of CURES and UDS found in the records. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. There is no way to tell if the current opiate medication is providing functional improvements for this patient. The medical records provided for review do not show proper documentation of the four A's as required by the MTUS guidelines. Additionally, there is no amount requested. The current request is not medically necessary.

Topiramate 25mg: Upheld

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

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

Decision rationale: The patient presents with pain that is rated a 4-8/10 with tingling and weakness in the hands. The current request is for Topiramate 25mg. The treating physician report dated 5/14/15 (48b) states, "Continue Tramadol and Butrans, Tramadol is refilled today. We will initiate therapy with second line antiepileptic agent, Topiramate. She is refractory to treatment with Gabapentin. This will help her neuropathic pain, especially for her pain at night. " The MTUS guidelines state, "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. " In this case, the treating physician has requested to initiate Topiramate, which is supported by MTUS but has not stated the quantity requested. Medical necessity has not been established. The request for Topiramate is not medically necessary.