

Case Number:	CM15-0117957		
Date Assigned:	06/30/2015	Date of Injury:	03/02/2011
Decision Date:	08/19/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 3/2/2011. The current diagnoses are cervical pain, cervical facet syndrome, and cervical disc disorder, degenerative disc disease of the lumbar spine, low back pain, lumbar facet syndrome, radiculopathy, pain in lower leg joint, and foot pain. According to the progress report dated 4/23/2015, the injured worker complains of pain along her neck and lower back. She states that her quality of life has improved as long as she takes her medications and tries to stay active. She is able to perform household activities such as light housekeeping, cooking, all hygienic activities of daily living, and function socially when her pain is better controlled. Additionally, she notes that her sleep has improved secondary to pain control. The level of pain is not rated. The progress report from 3/17/2015 indicates her pain level has increased. At that time, she reported her average pain as 5/10 with medications. The physical examination of the cervical spine reveals restricted range of motion. Spurling's maneuver causes pain in the muscles of the neck with radiation to upper extremities. Biceps and Triceps reflexes are 2/4 on both sides. Examination of the lumbar spine reveals spasm and tenderness over the bilateral paravertebral muscles. Straight leg raising test is positive. The current medications are Topamax, Docusate Sodium, Opana, Percocet, Neurontin, Senna, Amitriptyline, and Cyclobenzaprine. Treatment to date has included medication management, physical therapy, home exercise program, and cognitive behavioral therapy. Work status is temporarily totally disabled. A request for Topamax, Senna, Cyclobenzaprine, and Percocet has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) Topamax 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, there is documentation of ongoing treatment with Topamax and Neurontin for neuropathic pain. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Additionally, Topamax is still considered for use for neuropathic pain when other anticonvulsants fail. There is no indication within the records that the injured worker failed other anticonvulsant medications. Also, It is unclear why 2 anticonvulsant drugs are necessary to manage symptoms. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Topamax is not medically necessary.

Senna 8.6mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Senna.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids: Initiating therapy Page(s): 77.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. In this case, the records indicate that the injured worker is taking both Docusate Sodium and Senna. It is unclear why the patient needs 2 stool softening agents to manage her symptoms. Additionally, there is no documentation that the injured worker is having constipation. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Senna is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41, 63-64.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Guidelines recommend Cyclobenzaprine (Flexeril) be used as an option, using a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. In this case, the CA MTUS recommends a short course of therapy. The records indicate there has been ongoing treatment with Cyclobenzaprine since at least 12/30/2014, which does not fall within the "short-term" use guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Cyclobenzaprine is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 97.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Percocet is the brand name of an Oxycodone and acetaminophen combination drug. The guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, the treating physician did not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, and improvement in pain. These are necessary to meet MTUS guidelines. Therefore, based on the guidelines and submitted medical records, the request for Percocet is not medically necessary.