

Case Number:	CM15-0127853		
Date Assigned:	07/14/2015	Date of Injury:	03/01/2012
Decision Date:	09/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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

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:

This is a 35 year old female with a March 1, 2012 date of injury. A progress note dated May 18, 2015 documents subjective complaints (shooting component still noted, especially on the left side with constant pain and motion loss; issues with memory), objective findings (exquisite tenderness along the sacroiliac joint to the left of the midline; decreased range of motion; decreased sensation on the right side along the big toe in the L5 dermatome), and current diagnoses (discogenic lumbar condition; element of depression, stress, anxiety, and sleep disorder due to pain; weight loss). Treatments to date have included lumbar epidural steroid injection, back bracing, H-wave unit, nerve studies that were unremarkable, and medications. The treating physician documented a plan of care that included Norflex, Lunesta, a lumbar cushion, Maxalt, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking Norflex for an extended period of time far longer than the short-term course recommended by the MTUS. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Norflex 100 mg Qty 60 is not medically necessary.

Lunesta 10 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Lunesta 10 mg Qty 30 is not medically necessary.

Lumbar cushion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar cushions have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. A Lumbar cushion is not medically necessary.

Maxalt 10 mg Qty 24: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Migraine pharmaceutical treatment.

Decision rationale: Maxalt is a prescription medicine that belongs to a class of medicines called triptans. According to the Official Disability Guidelines, triptans are recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. These medical records do not indicate that this patient has migraines, only that she suffers from occasional headaches. Migraine is not an official diagnosis. Maxalt 10 mg Qty 24 is not medically necessary.

Topamax 15 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 16-17.

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as gabapentin or pregabalin should be tried initially. The patient complains of central-type and radicular pain. The medical record lacks documentation that the patient has been tried on any first-line agents. Topamax 15 mg Qty 60 is not medically necessary.