

Case Number:	CM15-0147970		
Date Assigned:	09/18/2015	Date of Injury:	09/15/2007
Decision Date:	11/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 59 year old female with a date of injury on 9-15-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis and lumbar post laminectomy-syndrome. Medical records (2-9-2105 to 7-6-2015) indicate ongoing low back pain rated five out of ten. According to the progress report dated 7-6-2015, the injured worker complained of constant low back pain. There was associated numbness and pins and needles, as well as associated radicular pain down the posterior aspect of the right calf. The physical exam (7-6-2015) revealed moderate tenderness to palpation of her bilateral paravertebral bilaterally. Range of motion was limited. Treatment has included lumbar fusion, medial branch block with relief and medications. Current medications (7-6-2015) included Norco, Lidoderm patches, Topamax and Naproxen. The injured worker has been prescribed the same medications since at least 2-9-2015. The request for authorization dated (7-6-2015) was for Norco, Lidoderm patches, Topamax, Naproxen and Valium. The original Utilization Review (UR) (7-14-2015) denied a request for Valium. Utilization Review modified a request for Lidoderm patches #90 refill: 1 to Lidoderm patches #90 no refill. UR modified a request for Topamax 25mg #60 refill: 1 to Topamax 25mg #60 no refill. UR modified a request for Naproxen 500mg #60 refill: 1 to Naproxen 500mg #60 no refill. UR modified a request for Norco 10-325mg #30 with 2 refills to Norco 10-325mg #30 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Valium 5mg #1 is not medically necessary.

Norco 10/325mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The original reviewer modified the request to exclude all refills. Norco 10/325mg #30 with 2 refills is not medically necessary.

Topamax 25mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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. The original reviewer modified the request to exclude all refills. Topamax 25mg #60 with 1 refill is not medically necessary.

Lidoderm patch #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. The original reviewer modified this request to exclude all refills. Lidoderm patch #90 with 1 refill is not medically necessary.

Naproxyn 500mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Naproxyn 500mg #60 with 1 refill is not medically necessary.