

Case Number:	CM15-0073257		
Date Assigned:	04/23/2015	Date of Injury:	12/20/2007
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male, who sustained an industrial injury on 12/20/2007. According to a progress report dated 03/31/2015, the injured worker complained of pain in the lower back, neck and legs. Pain was rated 4 on a scale of 1-10 with medications and 8 without medications. The provider noted that the injured worker had signed a pain agreement. The last urine test was appropriate and the injured worker was receiving the lowest effective dose of pain medications. Diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar radiculopathy, Parkinson's disease, thoracic spondylosis without myelopathy, brachial neuritis or radiculitis not otherwise specified, encounter for long-term (current) use of other medications, cervical spondylosis without myelopathy, subacromial bursitis, ischemic muscular atrophy of leg syndrome, lumbar spondylosis and unspecified essential hypertension. Treatment plan included Oxycodone. The provider noted improvement with recent reprogramming of the spinal cord stimulator. Currently under review is the request for Oxycodone and Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone - OxyIR tab 10mg Qty 150 tablets for 30 days (Opioid analgesic): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in December 2007 and continues to be treated for chronic neck and low back pain. When seen, medications are referenced as decreasing pain from 8/10 to 4/10. There was decreased and painful lumbar spine range of motion. Treatments had included a spinal cord stimulator and there had been improvement after it was recently reprogrammed. Medications included Topamax and oxycodone which was being prescribed at a total MED (morphine equivalent dose) of 75 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. There are no identified issues of abuse or addiction. The total MED is 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of oxycodone was medically necessary.

Topiramate - Topamax tab 25mg Qty 60 for 30 days (Anti-epilepsy drugs (AEDs)):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21.

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

Decision rationale: The claimant sustained a work injury in December 2007 and continues to be treated for chronic neck and low back pain. When seen, medications are referenced as decreasing pain from 8/10 to 4/10. There was decreased and painful lumbar spine range of motion. Treatments had included a spinal cord stimulator and there had been improvement after it was recently reprogrammed. Medications included Topamax and oxycodone which was being prescribed at a total MED (morphine equivalent dose) of 75 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Anti-epilepsy drugs (also referred to as anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The dose being prescribed is within recommended guidelines and therefore was medically necessary.