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| Case Number: | CM15-0075809 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 03/15/2003 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 04/07/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 58-year-old, female who sustained a work related injury on 3/15/03. The diagnoses have included low back pain, lumbar disc displacement, lumbar radiculopathy and lumbar postlaminectomy syndrome. The treatments have included lumbar epidural steroid injections, a caudal injection, acupuncture, physical therapy, TENS unit therapy, heat/ice therapy, non-steroidal anti-inflammatory medications, oral medications and medicated pain patches. In the PR-2 dated 9/17/14, the injured worker complains of chronic lower back pain. She rates her pain level an 8/10. She has pain that radiates down bilateral legs, right greater than left, with mild numbness, tingling and weakness. She is positive for a left foot drop. She has paralumbar tenderness to palpation with spasm. She has decreased range of motion in lumbar spine. She has weakness in right leg and uses cane to ambulate. The treatment plan is to refill oral medications and to start Butrans patches. The patient has had a urine drug screen test on 2/23/15 that was positive for buprenorphine and Cyclobenzaprine. The medication list includes buprenorphine, Duloxetine /Cymbalta, Nexium, Ambien, Dulolax, Ketoprofen, Prednisolone, Aspirin and Cyclobenzaprine. Per the doctor's note dated 3/5/15 patient had complaints of chronic low back pain radiating to left leg with weakness, numbness and tingling. The patient's surgical history include bilateral shoulder surgery, lumbar surgery and bilateral knee surgery. A detailed history of anxiety or insomnia was not specified in the records provided. A recent detailed mental status examination by a psychiatrist is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg, #120: Overturned

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

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

Decision rationale: Request: Topamax 50mg, #120 Topiramate is an antiepileptic drug. According to MTUS guidelines, antiepileptic drugs are "Topiramate (Topamax, no generic available) 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." The diagnoses have included low back pain, lumbar disc displacement, lumbar radiculopathy and lumbar postlaminectomy syndrome. In the PR-2 dated 9/17/14, the injured worker complains of chronic lower back pain. She rates her pain level an 8/10. She has pain that radiates down bilateral legs, right greater than left, with mild numbness, tingling and weakness. She has a left foot drop. She has weakness in the right leg and uses a cane to ambulate. Per the doctor's note dated 3/5/15 patient had complaints of chronic low back pain radiating to the left leg with weakness, numbness and tingling. The patient's surgical history include bilateral shoulder surgery, lumbar surgery and bilateral knee surgery. Use of Topamax is medically appropriate and necessary in this patient with chronic pain with neurological symptoms. The request for Topamax 50mg, #120 is medically appropriate and necessary in this patient.

Ambien 10mg, #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 (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Mental Illness Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/14) Zolpidem.

Decision rationale: Ambien 10mg, #30 Zolpidem is a short-acting non-benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 5 years ago. A

detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline, use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10mg, #30 is not fully established in this patient.