

Case Number:	CM15-0092178		
Date Assigned:	05/18/2015	Date of Injury:	08/17/1999
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 51-year-old male, who sustained an industrial injury on 8/17/1999. Diagnoses include lumbar post laminectomy syndrome, lumbago, lumbar radicular pain, fibromyalgia/myalgia, bilateral groin pain, weight gain and constipation. Treatment to date has included medications including Norco, Lunesta, Topamax, Benadryl, Voltaren gel, Lidoderm patch Amitriptyline, Restoril, Cymbalta, Metamucil, Prevacid and Colace. Per the Primary Treating Physician's Progress Report dated 3/26/2015, the injured worker reported low back and left leg pain. Physical examination was recorded as awake, alert, oriented, heart with regular rate and rhythm, lungs clear bilaterally and a soft non-tender abdomen. There was no documentation of examination of lower back or left leg. The plan of care included medications, pool therapy, weight loss program and a personal trainer. Authorization was requested for Benadryl 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benadryl 50 mg Qty 30, 1 as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Observations on the Use of Benadryl: A New Antihistamine Substance, Mayo Clinic, IV edition 1945, pg 417-429.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference, benadryl.

Decision rationale: The medical records report a condition of pain but do not indicate a condition of allergy or of sleep disorder. Benadryl is indicated per guideline for treatment of allergy reaction or short-term use to aid in sleep for sleep problem not relieved by sleep hygiene program. As the medical records do not indicate a condition consistent with use of Benadryl, its use is not medically necessary.

Lunesta 2 mg, 1 at bedtime, 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, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain, sleep aid.

Decision rationale: The medical records provided for review indicate improvement in pain symptoms with report of significant sleep interference. ODG guidelines support short-term use of sleep agent such as zolpidem or lunesta for 4 to 6 weeks when there is failure of 6 months of conservative care and sleep hygiene program. As the medical records provided for review do not indicate or document such failure, the medical records are not medically necessary for this treatment.

Norco 10/325 mg Qty 120, 1 as needed every 6 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain, opioids.

Decision rationale: ODG guidelines support opioids with 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not medically necessary.

Topamax 100 mg Qty 60, 1 twice daily: Upheld

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 anticonvulsants Page(s): 11.

Decision rationale: The medical records report pain in the back with radicular pain, fibromyalgia, and post laminectomy syndrome. There is no documentation of a topical hyperesthesia or other neuropathic pain symptoms or diagnosis of a neuropathic pain condition. Topamax is not FDA indicated for the treatment of fibromyalgia. MTUS supports anti-epilepsy drugs for neuropathic pain. As neuropathic pain is not documented, the Topamax is not medically necessary congruent with MTUS guidelines.

Lidoderm patch 5% Qty 60, 1 patch to skin, remove every 12 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain, lidoderm.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. This request is not medically necessary.