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| Case Number: | CM15-0092779 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 01/12/2008 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 04/30/2015 |
| 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: California

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 43 year old male, who sustained an industrial injury on January 12, 2008. Treatment to date has included medications and work restrictions. Currently, the injured worker complains of neck pain, low back pain and head pain. The injured worker reports no acute changes to his condition and reports that he has good days and bad days depending on his activity level and the weather. He indicates that his back pain is worse with cold temperature and with anything that requires muscular forces such as gardening or repeated bending. He reports pain with light housework. His pain is relieved with rest and medications. The injured worker uses Topamax for headache prophylaxis and Fentanyl patches for pain. He reports that the medications provide approximately a 30% reduction in pain and increase his ability to perform activities of daily living. The Diagnoses associated with the request include cervical disc degeneration, lumbar disc degeneration and post-concussive syndrome. The treatment plan includes twelve sessions of physical therapy, continuation of Topamax, Fentanyl and Mirtazapine and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate (Topamax) 25 mg, 1 tablet twice daily and increase to 2 tablets twice daily as directed, Qty 60 & Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested topiramate (Topamax) is not medically necessary.

Fentanyl 25 mcg/hr patch, apply 1 patch every 72 hrs, Qty 10: 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 chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Duragesic (fentanyl), Chronic Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, the patient is complaining of unchange pain scale while being on fentanyl, this is documented on a progress note on 1/22/2015. Furthermore, there has been recommendation for the patient to wean off this highly addictive opioid medication without any indication that the patient has do so. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Duragesic (fentanyl), is not medically necessary.