

Case Number:	CM15-0092869		
Date Assigned:	05/19/2015	Date of Injury:	12/05/2007
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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

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 57 year old female who sustained a work related injury December 5, 2007. Past history included s/p posterior decompression with anterior and posterior fusion at L3-4 and L4-5. According to a physician's progress report, dated March 10, 2015, the injured worker presented as a follow-up to a fall from three weeks ago. The thought at that time was a possibility of medication such as antihypertensive and Topamax. She has not taken both and has not had another episode. A workup included a brain imaging revealing evidence of an inter-hemispheric lesion just above the corpus callosum consistent with lipoma. She complains of low back pain, as well as significant left-sided more than right hip pain with radiation of the left leg laterally into the calf and bilateral knee and ankle pain. Assessment is documented as s/p L3-4 extreme lateral interbody fusion posterior decompression fusion and fixation from L3-4; previous anterior and posterior L4-5 fusion with recurrent left leg pain and low back pain. At issue, is the request for Lunesta, Oxycontin, Soma, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #90 x 2 months (4/13/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 81, 79-80. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain, N Engl J Med 2003, 349, 1943-1953, November 13, 2003.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral knee pain, with pain rated 9/10 on VAS scale. The treater has asked for OXYCONTIN 10MG #90 X 2 MONTHS (4/13/15) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient's current medications are Oxycotin, Soma, Topamax, Voltaren gel, Lunesta, Ibuprofen, and Senokot-S per progress report dated 4/13/15 referenced in utilization review letter review dated 4/28/15. A lumbar X-ray dated 10/28/14 showed evidence of L3 through L5 laminectomy and fusion with spacing prothesis noted at L3-4 level and bone graft at L4-5 level per 3/16/15 report. The patient has not had prior surgical intervention on the knees per review of reports. The treater is requesting a surgical consult for bilateral total knee replacement per 1/12/15 report. A urine drug screen was performed on 1/12/15 report but the results were not included. The patient is permanently disabled per 1/12/15 report. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycotin 10mg has been included in patient's medications per treater report dated 4/13/15 as quoted in utilization review letter dated 4/28/15. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. However, the patient has no opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Lunesta 1mg #30 x 3 refills (4/13/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs page(s): 16, 21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter states: Eszopicolone (Lunesta).

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral knee pain, with pain rated 9/10 on VAS scale. The treater has asked for but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The

patient's current medications are Oxycontin, Soma, Topamax, Voltaren gel, Lunesta, Ibuprofen, and Senokot-S per progress report dated 4/13/15 referenced in utilization review letter review dated 4/28/15A lumbar X-ray dated 10/28/14 showed evidence of L3 through L5 laminectomy and fusion with spacing prosthesis noted at L3-4 level and bone graft at L4-5 level per 3/16/15 report. The patient has not had prior surgical intervention on the knees per review of reports. The treater is requesting a surgical consult for bilateral total knee replacement per 1/12/15 report. A urine drug screen was performed on 1/12/15 report but the results were not included. The patient is permanently disabled per 1/12/15 report. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater does not discuss this medication. The patient is currently taking Eszopoclonone per 4/13/15 report quoted in utilization review letter dated 4/28/15. However, the treater does not document or discuss its efficacy. Furthermore, the ODG guidelines do not support long-term use of this medication and the request for an additional 30 tabs of exceeds guideline recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Topamax 25mg #100 x 3 refills (3/18/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topiramate (Topamax)antiepileptic drugs medications for chronic pain page(s): 21, 16-17, 60.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral knee pain, with pain rated 9/10 on VAS scale. The treater has asked for TOPAMAX 25MG #100 X 3 REFILLS (3/18/15) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient's current medications are Oxycontin, Soma, Topamax, Voltaren gel, Lunesta, Ibuprofen, and Senokot-S per progress report dated 4/13/15 referenced in utilization review letter review dated 4/28/15A lumbar X-ray dated 10/28/14 showed evidence of L3 through L5 laminectomy and fusion with spacing prosthesis noted at L3-4 level and bone graft at L4-5 level per 3/16/15 report. The patient has not had prior surgical intervention on the knees per review of reports. The treater is requesting a surgical consult for bilateral total knee replacement per 1/12/15 report. A urine drug screen was performed on 1/12/15 report but the results were not included. The patient is permanently disabled per 1/12/15 report. Regarding topiramate (Topamax), MTUS Guidelines, page 21, states, "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy and neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines, pages 16 and 17, regarding antiepileptic drugs for chronic pain, also states that, "there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic

pain have been directed at postherpetic neuralgia and painful polyneuropathy." The treater does not discuss this request in the reports provided. The patient has been taking Topamax since 2/16/15 urine drug screen, which shows positive for Topamax. MTUS Guidelines page 60 requires documentation of medication efficacy in terms of pain reduction and functional gains when used for chronic pain. In this case, there is no documentation of pain and functional improvement with the use of Topamax. Therefore, the requested Topamax IS NOT medically necessary.

Soma 350mg #90 x 2 refills (3/26/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants page(s): 63-66.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral knee pain, with pain rated 9/10 on VAS scale. The treater has asked for SOMA 350MG #90 X 2 REFILLS (3/26/15) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient's current medications are Oxycontin, Soma, Topamax, Voltaren gel, Lunesta, Ibuprofen, and Senokot-S per progress report dated 4/13/15 referenced in utilization review letter review dated 4/28/15. A lumbar X-ray dated 10/28/14 showed evidence of L3 through L5 laminectomy and fusion with spacing prosthesis noted at L3-4 level and bone graft at L4-5 level per 3/16/15 report. The patient has not had prior surgical intervention on the knees per review of reports. The treater is requesting a surgical consult for bilateral total knee replacement per 1/12/15 report. A urine drug screen was performed on 1/12/15 report but the results were not included. The patient is permanently disabled per 1/12/15 report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66:
"Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The treater does not discuss this request in the reports provided. The request is for Soma 350mg #90. The patient has been taking Soma since 11/17/14 urine drug screen, which shows positive for Soma. MTUS only recommends the use of this drug for 2 to 3 weeks. The prescribed 90 tablets does not imply short-term use. Therefore, the request IS NOT medically necessary.