

Case Number:	CM14-0132094		
Date Assigned:	09/19/2014	Date of Injury:	05/29/2009
Decision Date:	12/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in The District of Columbia and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient who sustained injury on May 29 2009. She was diagnosed with L4-5 disc degeneration, bilateral S1 lumbar radiculopathy, L5-S1 spondylolisthesis and complex regional pain syndrome. The patient had issues with allodynia and thermal sensitivity, swelling and sweating of the right leg and foot. The patient also had motor weakness of the right leg. She was prescribed multiple medications including: Topamax, Percocet and trazodone. She was noted to have limited range of motion and was then referred to a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Per MTUS guidelines, Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of

dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Analgesic dose: Dosage based on oxycodone content and should be administered every 4 to 6 hours as needed for pain. Initially 2.5 to 5 mg PO every 4 to 6 hours prn. Maximum daily dose is based on acetaminophen content (Maximum 4000 mg/day). For more severe pain the dose (based on oxycodone) is 10-30 mg every 4 to 6 hours prn pain. Dose should be reduced in patients with severe liver disease. The patient was being treated for neuropathic pain. This narcotic is not recommended for long term usage and would not be indicated. Therefore, based on the guidelines the request is not medically necessary.

Topamax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21.

Decision rationale: 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. It appears evidence is limited and would not be indicated. Therefore, based on the guidelines the request is not medically necessary.

Desyrel 150 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sedating antidepressants

Decision rationale: MTUS does not specifically address. Per ODG guidelines, sedating antidepressants, such as Trazodone, have been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness and headache. Improvements in sleep onset may be offset by negative next day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The patient had poor quality of sleep and was prescribed Trazodone. It would be medically indicated. The request is medically necessary.