

Case Number:	CM14-0149704		
Date Assigned:	09/18/2014	Date of Injury:	04/08/2014
Decision Date:	10/23/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of April 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; 12 sessions of manipulative therapy; per the claims administrator; opioid therapy; and adjuvant medications. In a Utilization Review Report dated August 18, 2014, the claims administrator approved a request for Prilosec while denying Norco and Topamax. The applicant's attorney subsequently appealed. In a Doctor's First Report dated April 25, 2014, the applicant apparently presented reporting multifocal low back, neck, hip, and knee pain with derivative complaints of headaches. The applicant was asked to pursue manipulative therapy. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. On June 18, 2014, the applicant again presented with multifocal knee, hip, low back, and neck pain, highly variable, ranging from 3-9/10. The applicant was asked to pursue additional physical therapy and manipulative therapy. The applicant was returned to regular duty work on this occasion. There was no discussion of medication efficacy or medication selection. In a handwritten work status report, the applicant was described as totally temporarily disabled through August 28, 2014. The medications at issue were reportedly sought via request for authorization form dated August 21; 2014. The remainder of the file was surveyed. There was no explicit discussion of medication efficacy or medication selection in any of the attached notes

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax can be employed for neuropathic pain when other anticonvulsants fail, in this case, there is no evidence of the failure of first-line anticonvulsant and adjuvant medications, such as Lyrica and/or Neurontin. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: The request in question seemingly represents a renewal request, although as with the request for Topiramate, this was not readily evident. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work and functional status have not been clearly outlined. The applicant does not appear to be working. The most recent work status report suggested that the applicant was off of work, on total temporary disability. The attending provider has failed to quantify any decrements in pain and/or recount any material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.