

Case Number:	CM14-0146698		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2000
Decision Date:	09/28/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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. 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, Occupational Medicine

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 38-year-old female, who sustained an industrial injury on 10-12-2000. Diagnoses include lumbar degenerated disc disease, neck sprain or strain, thoracic outlet syndrome, and reflex sympathetic dystrophy. Treatment to date has included medications and conservative care. Current medications include Oxymorphone ER, Oxycodone, and Topamax, Flector patch, Trazodone, Flexeril and topical medication. Per the Primary Treating Physician's Progress Report dated 8-13-2014, the injured worker reported bilateral neck and lumbar spasms. She also reported increased swelling, coolness and pain in both hands, right greater than left. Physical examination of the lumbar and sacral spine revealed bilateral paralumbar tenderness and spasm. The plan of care-included continuation of oral and topical medications and authorization was requested for Oxymorphone 40mg #150, Topamax 200mg #60, Flexeril 10mg #120 and Gabapentin-Ketamine-Diclofenac-Lidocaine-Hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone 40MG #150 Prospectively: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Use for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement when they are used to treat non-cancer pain. The patient has been treated with different opioid medications without any obvious functional benefit or significant reduction in pain resulting in improved function. The ongoing use of opioid medications in this case does not adhere to MTUS 2009 and there are no extenuating circumstances described in the medical record, which would warrant chronic opioid maintenance therapy. This request for oxymorphone is not medically necessary.

Topamax 200 mg #60 x 3 Refills Prospectively: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AED). Decision based on Non-MTUS Citation Official Disability Guidelines: Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs Page(s): 21.

Decision rationale: MTUS 2009 states that topiramate (Topamax) is not considered effective in treating centrally mediated neuropathic pain and is considered as an option when other medications fail. The continued reports of significant pain and limited function indicate that the Topiramate is not effective in this case. The efficacy is similar to that described in MTUS 2009. Therefore, the ongoing use of Topamax is not medically necessary.

Flexeril 10mg #120 x 1 refill Prospectively: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic LBP; Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AntiSpasmodics Page(s): 64.

Decision rationale: MTUS 2009 recommends a short course of Flexeril to treat exacerbations of low back pain. The patient's symptom complex has remained at her baseline. The use of Flexeril to treat this chronic condition is not supported by MTUS 2009. Flexeril is not medically necessary.

Gabapentin/ Ketamine/Diclofenac/Lidocaine/ Hyaluronic Acid x 5 Refills Prospectively:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS 2009 recommends against the use of compounded topical analgesics based upon lack of efficacy and demonstrated safety. This formulation contains ketamine, hyaluronic acid and gabapentin, which are not recommended for inclusion in topical agents. The patient's past use of the product has not provided any dramatic reduction in reported pain. This topical formulation of gabapentin, ketamine, diclofenac, lidocaine and hyaluronic acid is not medically necessary.