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| Case Number: | CM14-0075302 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 07/22/2008 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old male patient who sustained an industrial injury on 7/22/08. Diagnoses include left elbow contusion/strain with residual loss of full extension, lumbosacral strain with disc bulges at L3-4, L4-5 with radicular symptoms, multi-level degenerative disc disease and post laminectomy syndrome. He sustained the injury due to a fall from a 6 feet scaffolding. Per the primary treating physician's progress note dated 5/12/14 he had ongoing pain and disability associated with injury to spine and left elbow. The pain in his left arm was described as aching, burning, inconsistent, pressure, pulling, shooting, throbbing tingling with numbness and weakness. Low back pain was described as aching, burning, throbbing, pulling, stiff and shocks. The pain radiated to the left and right leg with numbness and weakness. The physical examination of the lumbar spine revealed antalgic gait, tenderness, positive straight leg raising test and decreased light touch sensation on the right L4, L5 and S1 dermatomes. The medications list includes flexeril, norco, topamax, inderal and oxymorphone. Patient has history of angina. He has undergone lumbar surgeries in 2010 and on 4/24/2014. He has had left elbow MRI on 8/1/2008; cervical MRI on 5/15/2009; thoracic MRI on 5/15/2009 and lumbar spine MRI on 3/8/2010. He has had physical therapy and chiropractic care for this injury. He has had urine drug screen on 4/16/2014. Plan of care includes: discussed treatment modalities, will review past records, continue medications: flexeril, inderal, Norco, oxymorphone ER, and topomax. Follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg 3 p.o. (by mouth) t.i.d. (three times daily) quantity 270: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page 75-80, Opioids page 74, Short-acting opioids page 75.

Decision rationale: Norco 10-325 mg 3 p.o. (by mouth) t.i.d. (three times daily) quantity 270 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited 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." According to the records provided the patient has had a significant injury. He has also had 2 lumbar surgeries in the past. Patient had ongoing pain and disability associated with injury to spine and left elbow. The pain radiated to the left and right leg with numbness and weakness. He has significant objective findings on the physical examination- antalgic gait, tenderness, positive straight leg raising test and decreased light touch sensation on the right L4, L5 and S1 dermatomes. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Patient is already taking topamax, flexeril (non opioid medications). Therefore, based on the clinical information obtained for this review the request for Norco 10-325 mg 3 p.o. (by mouth) t.i.d. (three times daily) quantity 270 is medically appropriate and necessary for this patient at this time for prn use.

Oxymorphone ER 40 mg 12 hour SR 1 p.o. (by mouth) q.i.d. (four times a day) quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, page 75-80.

Decision rationale: Oxymorphone ER 40 mg 12 hour SR 1 p.o. (by mouth) q.i.d. (four times a day) quantity 120 Oxymorphone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-

opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to oxymorphone for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. The duration of the effect of the prescribed medication is noted to be for 12 hours. The rationale for prescribing this medication 4 times a day was not specified in the records provided. This patient does not meet criteria for ongoing continued use of oxymorphone. The medical necessity of Oxymorphone ER 40 mg 12 hour SR 1 p.o. (by mouth) q.i.d. (four times a day) quantity 120 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.

Topamax 25 mg 1 p.o. (by mouth) q.d.(every day) 60 2 month supply - 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Specific anti-epilepsy drugs Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) page 16-17, Topiramate (Topamax, no generic available), page 21.

Decision rationale: Topamax 25 mg 1 p.o. (by mouth) q.d.(every day) 60 2 month supply - 3 refills Topiramate is an anti-epileptic drug. According to MTUS guidelines, antiepileptic drugs are "Recommended for neuropathic pain due to nerve damage. 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 (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." According to the records provided patient had significant injury. Patient had ongoing pain and disability associated with injury to spine and left elbow. The pain radiated to the left and right leg with numbness and weakness. He has significant objective finding on the physical antalgic gait, tenderness, positive straight leg raising test and decreased light touch sensation on the right L4, L5 and S1 dermatomes. Patient has history of lumbar surgery. Topamax is recommended in such patient with radiculopathy. The request of Topamax 25 mg 1 p.o. (by mouth) q.d.(every day) 60 2 month supply - 3 refills is medically appropriate and necessary for this patient.

Inderal 20 mg 1 p.o. (by mouth) b.i.d. (twice daily quantity 60 plus 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Diabetes (updated 02/20/2014) Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompspon Micromedex, FDA labeled indication of propranolol.

Decision rationale: Inderal 20 mg 1 p.o. (by mouth) b.i.d. twice daily quantity 60 plus 3 refills Inderal contains propranolol which is a B-blocker. ODG and CA MTUS do not specifically address this request. Per the Thompson Micromedex guidelines FDA labeled indication of propranolol includes "Angina pectoris, chronic, cardiac dysrhythmia, Essential tremor, Hypertension, Idiopathic hypertrophic subaortic stenosis, Migraine; Prophylaxis, Pheochromocytoma; Adjunct, Postmyocardial infarction syndrome." Patient has history of angina. The request of Inderal 20 mg 1 p.o. (by mouth) b.i.d. twice daily quantity 60 plus 3 refills is medically appropriate and necessary for this patient.