

Case Number:	CM13-0004395		
Date Assigned:	12/11/2013	Date of Injury:	11/05/2002
Decision Date:	01/17/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is a 52-year-old female who reported a work related injury on 11/05/2002. The clinical notes evidence the patient presents for treatment of chronic cervical spine pain. The provider documents upon physical exam of the patient, examination of the posterior cervical musculature reveals tenderness to palpation with increased muscle rigidity. There was also point tenderness along the suboccipital regions bilaterally. The patient had significant muscle rigidity along the cervical and thoracic paraspinal muscles. Decreased range of motion in the cervical spine noted in all planes. Motor testing in the bilateral upper extremities were 5/5 with decreased grip strength noted. The provider documented sensory exam with use of the Wartenberg pinwheel was decreased along the posterolateral arm and lateral forearm bilaterally in the approximate C5-6 distribution. The provider documented the patient was to continue with her medication regimen to include Norco 10/325 four to 6 tablets daily, Fexmid 7.5 mg 1 to 2 daily, Prilosec 20 mg twice a day, Fioricet 1 daily, Imitrex 100 mg 1 tab as needed, Xanax 0.5 mg 1 tab by mouth daily, Zoloft 250 mg daily, and sonata 10 to 20 mg at bedtime. The provider documented the patient continues to have significant mild spasms and a form of dystonia of her cervical musculature. The provider documented injections to the patient's cervical paramusculature were occasionally necessary to maintain function and help decrease medication use. After informed consent, the patient received 4 trigger point injections. The provider documented the patient reported good pain relief of greater than 50%. The provider requested authorization for occasional analyzing and reprogramming of the patient's spinal cord stimulator. This is routine and expected whenever a spinal cord stimulator has been placed. Occasionally reprogramming to adjust the paresthesia coverage was necessary. The provider recommended physiotherapy as well as continued use of her me

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Topamax 25 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: The current request is not supported. The clinical notes do not evidence that the patient presents with positive efficacy with use of this medication. Previous documentation for request for this medication revealed that the patient did not tolerate Topamax well, nor had the patient failed with utilization of other AEDs. California MTUS Guidelines indicates, "Topamax 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." Given the lack of documentation evidencing the patient's reports of efficacy with this medication, the request for Topamax 25 mg #120 is not medically necessary or appropriate.

Request for prescription of Ambien 10 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The current request is not supported. Clinical documentation submitted for review reports the patient presents status post date of injury of over 11 years, it is unclear how long the patient has been utilizing this medication for sleep pattern complaints and the clear efficacy of this intervention. Official Disability Guidelines indicate, "zolpidem is a prescription short-acting nonbenzodiazepine hypnotic which is approved for the short-term, usually 2 to 6 weeks treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." Given the lack of documentation evidencing support for the patient's chronic use of this medication, the request for Ambien 10 mg #60 is not medically necessary or appropriate.

Request for prescription of Fioricet #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The current request is not supported. The clinical notes failed to evidence significant positive efficacy of the patient's current medication regimen. California MTUS indicates barbiturate containing analgesic agents is not recommended for chronic pain, a potential for drug dependence is high and no evidence exist to show a clinically important enhancement of analgesic efficacy of ECAs due to the barbiturate constituent." In addition, there is a risk of medication overuse as well as rebound headache. Given all the above, the request for Fioricet #30 is not medically necessary or appropriate.

Request for 4 trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The request for 4 trigger point injections is not supported. Review of the clinical documentation submitted indicates the patient has undergone multiple trigger point injections, almost on a monthly basis over the past several months. California MTUS indicates, "no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement." In addition, radiculopathy is not to be present by examination, imaging, or neuro testing. The clinical notes failed to evidence significant decrease in the patient's rate of pain for any length of time as well as decrease in medication utilization due to the multiple trigger point injections the patient had received. Therefore, given the above, the request for 4 trigger point injections is not medically necessary or appropriate

Request for 1 spinal cord stimulator analyzed and reprogrammed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The current request is not supported. The provider documents a request for a spinal cord stimulator analyzation and reprogramming on a regular basis. However, the clinical notes reviewed revealed the patient reported significant pain relief with decreased severity and intensity of headaches. As the clinical notes fail to evidence any significant objective findings of symptomatology at this point in the patient's treatment, the request for 1 spinal cord stimulator analyzed and reprogrammed is not medically necessary or appropriate.