MAXIMUS Federal Services

Case Number:	CM13-0005813		
Date Assigned:	08/23/2013	Date of Injury:	03/09/1998
Decision Date:	01/03/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/01/2013

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 Family Practice, 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.

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 63-year-old female who reported a work-related injury on 03/09/1998 reportedly from a cabinet falling back on the patient and then a door struck her across the neck. The patient has received conservative medical treatment including physical therapy, a TENS unit, acupuncture, and cervical epidural steroid injections which the patient noted provided her with significant benefit. The patient had a second work-related injury in 2002 which involved her left shoulder. She underwent left shoulder surgery in 2004 and had very good results from this. The patient is diagnosed with cervical spondylosis with stenosis with a history of right C6-7 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg every 6 hours (unknown quantity/duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 91.

Decision rationale: The employee continued to have neck pain that radiated to the upper back and right shoulder per clinical note dated 05/29/2013. The employee also complained of intermittent numbness and tingling in the 4th and 5th digits of the right upper extremity and reported that bending and reaching overhead with the right upper extremity worsened the

symptoms. The employee reported that a home exercise program, heat and ice help alleviate some of the pain. The employee was given prescriptions for hydrocodone, Topamax, Flexeril, naproxen sodium, Protonix, Synovacin-glucosamine, and Ambien. The plan was noted to continue with conservative treatment as the employee's symptoms were stable on current medication regimen. The clinical note dated 07/12/2013 stated the employee had cervical neck pain which persists and was worse than previous. The employee requested trigger point injections in the office which employee has had in the past. The employee would also like to restart acupuncture. Physical exam on this date noted range of motion of the left shoulder with limited in forward flexion at Final Determination Letter for IMR Case Number CM13-0005813 3 105 degrees and internal rotation at 45 degrees. The employee had a negative drop arm test. Two right trapezius trigger points were palpated along with 2 right cervical paraspinous trigger points. The employee was given trigger point injections and reported feeling immediate pain relief. The employee's medications are refilled including hydrocodone-APAP 10/325 mg and Topamax 25 mg. California MTUS, Chronic Pain Medical Treatment Guidelines state that opioid use in the setting of chronic, non-malignant or neuropathic pain is controversial and should be reserved for those with improved attributable functional outcomes. There was no clinical documentation submitted stating the employee has a change in pain relief after taking medication. There was also no documentation noting functional improvements with daily activities of the employee. A pain assessment for employees on opioids should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no documentation noting a pain assessment for the employee, increased levels of function or improved quality of life due to pain management with opioids. Per clinical note dated 07/12/2013, the employee continues to have flare ups of pain and no specific meaningful functional improvement was demonstrated per submitted documentation. The request for Hydrocodone APAP 10/325 mg every 6 hours is not medically necessary and appropriate.

Topamax 25mg at bedtime increasing to 2 tablets as tolerated (unknown quantity/duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

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

Decision rationale: The clinical note dated 07/12/2013 stated the employee presented with a flare up and cervical neck pain and requested trigger point injections to improve the range of motion and decrease the pain for several months. The employee also wanted to restart acupuncture which had been very effective for pain control in the past. Treatment plan noted the employee was having an increase flare up in neck pain as well as in right arm pain. The last time the employee had flare up it was noted it had increased pain for about 3 weeks. The employee was given trigger point injections to 2 right trapezius trigger points and 2 right cervical paraspinous trigger points. The employee noted immediate pain relief. The employee's prescription for Topamax was refilled. California Chronic Pain Medical Treatment Guidelines state that a good response to the use of antiepilepsy drugs has defined as a 50% reduction in pain

and a moderate response as a 30% reduction. Guidelines further state that treatment outcome is to be measured in terms of functional improvement. There is no submitted documentation which shows the benefits for the employee with the use of Topamax. There is no clinical documentation submitted noting functional improvements as in activities of daily living due to the use of Topamax. California Medical Treatment Guidelines state after initiation of treatment with antiepilepsy drugs, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. There was no documentation submitted for review which meets the criteria for the use of antiepilepsy drugs per California Medical Treatment Guidelines. The request for Topamax 25 mg at bedtime increasing to 2 tablets as tolerated is not medically necessary and appropriate.