

Case Number:	CM13-0010893		
Date Assigned:	09/23/2013	Date of Injury:	03/09/1998
Decision Date:	05/23/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 63-year-old female who reported an injury on 03/09/1998 when a file cabinet fell forward hitting her on the neck. The injured worker's treatment history included cervical collar, physical therapy, a home exercise program, activity modifications, cold packs, a head rest, Toradol injections, multiple medications, acupuncture, biofeedback, an ergonomic evaluation and modifications, a TENS unit, trigger point injections, paracervical corticosteroid injections, and chiropractic care. The injured worker was evaluated on 07/12/2013. It was documented that she had persistent cervical neck pain that was considered to be progressive. Physical findings included limited left shoulder range of motion secondary to pain and weakness of the muscles of the left rotator cuff with 2 identified right paracervical musculature trigger points. The injured worker's diagnoses included pain in shoulder joint, cervical spondylosis without myelopathy, degeneration of the cervical disc, and neck pain. The injured worker's treatment plan included acupuncture and a refill of medications. The injured worker was monitored for aberrant behavior with a urine drug screen. The injured worker was evaluated on 08/14/2013. It was documented that the injured worker had 5/10 pain with medications that was increased to a 9/10 without medications. It was documented that the injured worker could not participate in activities of daily living without medications. It was also noted within the documentation that the injured worker had a history of consistent urine drug screens and did not have any evidence of aberrant behavior. It was also noted that the injured worker did not experience any significant side effects related to medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management Page(s): 78.

Decision rationale: The requested hydrocodone/APAP 10/325 mg #120 every 6 hours (RX: 7/12/13) is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has pain relief from a 9/10 to a 5/10 with medications and is able to participate in self care activities of daily living and have improved sleep patterns as a result of medication usage. Also, the clinical documentation submitted for review does indicate that the injured worker has no side effects and is compliant with medication usage. Therefore, ongoing use of this medication would be appropriate for this patient. As such, the requested hydrocodone/APAP 10/325 mg #120 every 6 hours (RX: 7/12/13) is medically necessary or appropriate.

TOPAMAX 25MG #60: Overturned

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 Medications For Chronic Pain And Antiepilepsy Drugs (AEDs), Page(s): 16,60.

Decision rationale: The requested Topamax 25 mg #60 at bedtime increasing to 2 tablets as tolerated (RX: 7/12/13) is medically necessary and appropriate. California Medical Treatment Utilization Schedule does support the use of anticonvulsants as first line medications in the management of chronic pain; however, California Medical Treatment Utilization Schedule recommends that continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of increased functional improvement. The clinical documentation submitted for review does indicate that the injured worker has pain reduction from a 9/10 to a 5/10 with medication usage. Additionally, the clinical documentation does indicate that the injured worker can participate in self care activities of daily living as a result of medication usage. Therefore, continued use would be appropriate for this patient. As such, the requested Topamax 25 mg #60 at bedtime increasing to 2 tablets as tolerated (RX: 7/12/13) is medically necessary and appropriate.