

Case Number:	CM13-0016292		
Date Assigned:	01/03/2014	Date of Injury:	01/27/2000
Decision Date:	09/29/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury on 01/27/2000. The mechanism of injury was not provided. On 07/29/2013, the injured worker presented with complaints of spasm in the low back and pain radiating to the left leg. Upon examination of the bilateral shoulders, there was a positive impingement on the right side with a positive Spurling's test. There were dystrophic changes in the right hand with a flex pattern and hypersensitivity and pain to the left hip with internal and external rotation. There was tenderness to palpation over the right hand and medial epicondyle. Current medications included levothyroxine, Norco, Valium, OxyContin, and Zofran. Diagnoses were displacement of intervertebral disc without myelopathy, cervical spondylosis without myelopathy, thoracic lumbosacral neuritis/radiculitis unspecified, displacement of the lumbar intervertebral disc without myelopathy, and unspecified disorders of the bursa and tendons of the shoulder region. The provider recommended Norco, Valium, Topamax, and Zofran; the provider stated that the injured worker had been stable on the medication. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The request for Norco 10/325 MG #240 is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

VALIUM 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodizepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Valium 10 MG #90 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit the use to 4 weeks. The provider's request for Valium 10 mg #90 exceeds the Guideline recommendation of short-term therapy. There is lack of efficacy of the medication documented to support continued use, and the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

TOPAMAX 100MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16-22.

Decision rationale: The request for TOPAMAX 100 MG #90 is not medically necessary. The California MTUS Guidelines state Topamax has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of an AED depends on improved outcomes versus tolerability and adverse effects. The efficacy of the prior use of the medication was not documented. Additionally, the provider's

request does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

ZOFRAN 4MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Zofran 4 MG #60 is not medically necessary. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid effects including nausea and vomiting are limited to short-term duration and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. As the Guidelines do not recommend Zofran for nausea and vomiting secondary to opioid use, the medication would not be indicated. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.