

Case Number:	CM13-0023493		
Date Assigned:	11/15/2013	Date of Injury:	01/23/2001
Decision Date:	01/21/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/12/2013

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 Pain Management has a subspecialty in Disability Evaluation 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:

According to medical records reviewed, patient is a 34-year-old female who sustained an injury on 1/23/2001. Patient was lifting a heavy stockpot from the floor (approximately 150 pounds) with a co-worker when the patient noted a sharp pain to the right shoulder and neck areas. Subsequently, she underwent fusion of C4-C5. Since the surgery, the patient has dealt with chronic neck pain. Her pain is always 7/10 to 10/10. She was referred to pain management physician who prescribed the patient MS Contin, Dilaudid, and Percocet for pain. However, occasionally the pain will become so bad that she will become nauseous and has had several trips to the emergency room during her course of treatment. Thereafter, patient received steroid injection to her cervical spine with no pain relief. Patient continued to complain of ongoing neck pain that radiates down bilateral upper extremities to the bilateral middle and little fingers with associated numbness and tingling. Nerve conduction studies done were within normal limits. On June 6, 2001, patient underwent arthroscopic surgery to the right shoulder for rotator cuff repair and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

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

Decision rationale: According to Chronic Pain Medical Treatment guideline (MTUS 2009), page 24 of 127, Ativan (a class of benzodiazepine) is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton 2005). The request for Ativan 1 mg, #60 is not medically necessary.

Topamax 50 mg, #30: Upheld

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

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

Decision rationale: CA-MTUS (Effective July 18, 2009) page 21 of 127, states that Topiramate (Topamax[®], no generic available) 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007). Therefore the request for Topamax 50 mg, #30 is not medically necessary.