

Case Number:	CM13-0024908		
Date Assigned:	04/25/2014	Date of Injury:	10/24/2005
Decision Date:	08/01/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 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 60-year-old female who reported an injury on 10/24/2005. The mechanism of injury was documented as cumulative trauma to the neck, head, bilateral shoulders, and bilateral upper extremities. A magnetic resonance imaging (MRI) of the cervical spine without contrast dated 04/06/2012 noted impression was prior anterior fusion at C5-6, with mild scoliotic curvature of the cervical spine in the coronal plane. The clinical note dated 07/17/2013 noted the injured worker complained of neck and left shoulder pain and rated the pain 8/10. The physical examination of the neck revealed pain to palpation over the C3-4, C5-6 and C7-T1 facet capsules bilaterally and pain with rotational extension indicative of facet capsular tears bilaterally. In addition the cervical spine noted secondary myofascial pain with triggering and ropey fibrotic banding on the right and left trapezius muscles. The documentation also noted there was bilateral positive Spurling's maneuver. Phalen's and Tinel's on the left were both positive. Muscle strength on the left upper extremity was 3/5, and on the right upper extremity 4/5. The injured worker's diagnoses included likely focal entrapment neuropathy of the upper extremities, myofascial pain, pseudoarthrosis at C6-7, marked substantial exacerbation of cervicogenic headaches and upper extremity dysesthesias. Previous treatments included physical therapy, home exercise program, acupuncture, hardware removal, and medications. Documentation provided noted the medication included Amrix 15 mg, aspirin 81 mg, benazepril HCl 40 mg, intermezzo 1.75 mg, Neurontin 600 mg, Norco 10/325 mg, Prilosec 20 mg, and Topamax 25 mg. The provider's request was for Prilosec 20 mg 1 tablet by mouth twice a day; Topamax 25 mg 1 capsule by mouth twice a day; Amrix 15 mg 1 capsule by mouth daily; and Norco 10/325 mg 1 tablet by mouth 4 times a day. The Request for Authorization form dated 06/07/2013 was included with the documentation submitted for review. The rationale for Amrix was noted as the medications helped with the neck and shoulder pain while improving range of

motion of the neck. The rationale for Norco was noted that the medication was used primarily for nociceptive-type pain. The rationale for Topamax was noted as the medication has been shown to have efficiency in neuropathic pain and central etiology when used in combination with Neurontin. The rationale for Prilosec was not noted within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 Mg Tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg tab, 1 tablet by mouth twice a day, #60, is not medically necessary. The injured worker has a history of chronic pain and used medications for treatment. The documentation provided notated the injured worker reported pain rating with medications as 4/10 to 5/10, and without medication, 8/10. The California MTUS Guidelines state patients at intermediate risk for gastrointestinal events and no cardiovascular disease recommend a nonselective non-steroidal anti-inflammatory drug (NSAID) with either a proton pump inhibitor (PPI) or a Cox-2 selective agent. Long-term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture. The documentation submitted noted that the injured worker was not prescribed NSAIDs due to history of gastroesophageal reflux disease (GERD) and peptic ulcer disease (PUD). However, the documentation does not indicate the injured worker has complaints of gastrointestinal (GI) disturbances secondary to long-term use of current medications. The documentation submitted notes continued use of Prilosec. However, there was a lack of documentation to warrant long-term use of Prilosec to offset GI complaints. As with the guideline recommendations that the long-term use of a PPI (Prilosec) have been shown to increase the risk of a hip fracture, long-term use is not recommended. The documentation did not indicate the injured worker was at intermediate risk for gastrointestinal events to meet criteria. Based on the above noted, the request is not medically necessary.

Topamax 25mg Cap #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-21.

Decision rationale: The request for Topamax 25 mg capsule, 1 by mouth twice a day #60, is not medically necessary. The injured worker has a history of chronic pain and used medications for treatment. The documentation provided notated the injured worker reported pain rating with

medications as 4/10 to 5/10 and without medications 8/10. The California MTUS state topiramate (Topamax) has been shown to have variable efficiency, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The documentation submitted for review indicated long-term use of Topamax and with other pain medication, reported pain relief. As with the guideline recommendations that topiramate (Topamax) is considered for use for neuropathic pain when other anticonvulsants have failed, there is a lack of documentation supporting the trial of other anticonvulsants and failure to provide relief. Based on the above noted, the request is not medically necessary.

Amrix 15MG CAP 1 PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Amrix 15 mg capsule, 1 by mouth daily #30, is not medically necessary. The injured worker has a history of chronic pain and used medications for treatment. The documentation provided notated the injured worker reported pain rating with medications as 4/10 to 5/10 and without medications 8/10. The California MTUS state cyclobenzaprine (Amrix) is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant, with similar effects to tricyclic antidepressants. This medication is not recommended to be used for longer than 2 to 3 weeks. The documentation submitted for review indicated the long-term use of cyclobenzaprine (Amrix) and other pain medication reported pain relief. However, as with the guideline recommendation that the medication only be used for no longer than 2 to 3 weeks, the documentation submitted for review indicates usage exceeding the recommendations. As such, the request for continued use of Amrix is not medically necessary. Based on the above noted, the request is not medically necessary.

Norco 10/325 MG TAB #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-78.

Decision rationale: The request for Norco 10/325 mg tablet, 1 by mouth 4 times a day, #120, is not medically necessary. The injured worker has a history of chronic pain and used medications for treatment. The documentation provided notated the injured worker reported pain rating with medications as 4/10 to 5/10 and without medications 8/10. The California MTUS guidelines recommends for Opioids (Norco) an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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 pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted noted the injured worker has not displayed aberrant drug taking behaviors, as evidenced by the urine drug screens. In addition, the documentation noted reported pain relief with medication. However, there is a lack of documentation indicating functional capacity improvement with the continued usage of opiates, or the increase of functional deficits without the medication. As with the guideline recommendations that information from family members or other caregivers should be considered in determining the patient's response to treatment, there is a lack of documentation to indicate this information has been taken into account. As such, the request for continued use of Norco is not medically necessary. Based on the above noted, the request is not medically necessary.