

<b>Case Number:</b>	CM13-0036182		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/11/1997
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 52 year old female presenting with left shoulder pain and back pain following a work related injury on 07/11/97. The claimant was diagnosed with joint pain, shoulder pain, brachial neuritis, chronic pain, thoracic pain without radiculopathy, neck pain and occipital headache, shoulder impingement, supraspinatus tenosynovitis and cervical osteoarthritis. The physical exam was significant for tenderness at the left shoulder with limited range of motion, tenderness in the thoracic region and diffused sensitivity changes in the left upper extremity. The claimant has tried shoulder and cervical steroid injections. The claimant's medications included: Duragesic Patch, Vicodin, Metamucil, Flexeril and Topiramate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 50mcg patch (Fentanyl patch): 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 Opioids Page(s): 99.

**Decision rationale:** Duragesic is not medically necessary. The MTUS guidelines states that weaning of opioids are recommended if (a) there is no overall improvement in function, unless

there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid. Therefore, the requested Duragesic patch is not medically necessary or appropriate.

**Metamucil powder (psyllium): 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 Opioids Page(s): 77.

**Decision rationale:** Metamucil (Psyllium) is not medically necessary. The guidelines state that when initiating opioid therapy prophylactic treatment of constipation should be started. However, given that the opioids, Duragesic patch and Vicodin are not medically necessary due to lack of improved function, the Metamucil is not medically necessary.

**Vicodin 10/325mg: 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 Page(s): 79.

**Decision rationale:** Vicodin is not medically necessary. The guidelines state that weaning of opioids are recommended if (a) there is no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid. Therefore, Vicodin is not medically necessary or appropriate.

**Topiramate 50mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 17.

**Decision rationale:** Topiramate is not medically necessary. The guidelines state that Topiramate 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) There is no documentation that the claimant had failed other anticonvulsants. Therefore, Topiramate is not medically necessary.