

Case Number:	CM13-0036784		
Date Assigned:	06/04/2014	Date of Injury:	06/06/2000
Decision Date:	08/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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 Occupational Medicine 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 claimant was injured on 06/06/00. Topamax, Treximet, Prozac, and Vicodin are under review. The claimant has been treated for complaints of neck pain and migraines and has had cervical spine tenderness with spasm. She was diagnosed with cervical radiculitis. She underwent electrodiagnostic studies on 06/10/13 which did not reveal cervical radiculopathy but there was mild bilateral carpal tunnel syndrome. She saw [REDACTED] on 09/07/13 and her medications included Topamax, Treximet, Vicodin, and Prozac. She was referred to orthopedics. She saw [REDACTED] on 09/23/13. She had chiropractic, physical therapy, massage, medications, cortisone injections, epidurals, and Botox injections and the above treatment has been somewhat beneficial. MRI was done on 04/30/13. There are some degenerative changes. She had constant pain in the cervical spine radiating to the head and shoulders with numbness and tingling and headaches. She was taking Topamax, Treximet, and Vicodin. She received an injection of Toradol and vitamin B12 complex. EMG/nerve conduction studies of the lower extremities were recommended and she was advised to do home exercises. She remained symptomatic on 10/21/13 and had multilevel cervical spondylosis. She had failed all conservative measures to that point including activity modification, PT, pain management and cervical epidural block. Surgery was under consideration. She was diagnosed with cervical discopathy and she had muscle spasm with a positive axial loading compression test. She had symptoms in the upper extremities at the C5-C7 dermatome. Microdiscectomy was recommended for C5-7 and possibly C4-5. On 10/29/13, she had normal electrodiagnostic studies. She had no focal neurologic deficits and her lumbar spine range of motion was restricted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 25MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 46, 52.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of topiramate. The MTUS page 46 state "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants - Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Page 52 states "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." In this case, there are no records that have been submitted that describe trials of other first line antineuropathic medications such as gabapentin. In addition, the presence of neuropathic pain has not been established. There is evidence of a degenerative condition but the EMG was normal. The medical necessity of the use of this medication has not been clearly demonstrated.

TREXIMET 85/500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 94. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014.

Decision rationale: The history and documentation do not objectively support the request for Treximet. The PDR states Treximet is used for the treatment of migraine headaches. The MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should

remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)" However, in this case, the claimant's pattern of headaches and her use of this medication for headache relief have not been fully described. The frequency of use and quantity have not been stated. The medical necessity of the request for this medication has not been clearly demonstrated.

PROZAC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary: Prozac for depression/pain.

Decision rationale: The history and documentation do not objectively support the request for the use of Prozac. The ODG state it may be used to treat depression but it is not recommended for chronic pain. There is no clear documentation of significant depression in the file with a description of the use of Prozac for this indication and the reported or anticipated benefit to the claimant. The frequency of use and quantity requested are unknown. A history of prior use of this medication and functional benefit that was received has not been described. A prior review indicates that the use of Prozac was not related to a work injury. The medical necessity of the use of Prozac without a stated indication, history of treatment, and recommended frequency and quantity has not been clearly demonstrated.

VICODIN 5/500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Vicodin 5-500mg, frequency and quantity unknown. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done.

There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than she takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Vicodin at unknown frequency and quantity has not been clearly demonstrated.