MAXIMUS Federal Services

Case Number:	CM13-0041338		
Date Assigned:	12/20/2013	Date of Injury:	09/27/2007
Decision Date:	01/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 39 Year old, female with a date of injury on 9/27/07. [redacted] report from 10/3/13 has assessment of subacromial bursitis, biceps tendinitis, adhesive capsulitis, obesity, s/p arthroscopic surgical intervention of shoulder, overlapping cervical injury Magnetic Resonance Imaging of cervical spine from 2010 showed degenerative signals at multiple levels, but no herniation or stenosis. Electromyogram (EMG) and Nerve Conduction Studies from 2010 showed right brachial plexus injury or plexopahty with right C4-6 radiculopathy. An updated Magnetic Resonance Imaging of the cervical spine showed degenerative changes with small protrusions. Requested medications were Topamax 25 mg (for migraines), Zanaflex 4mg, Gabapentin 600mg, and Cymbalta. The patient has 5/10 pain, aching, sore, tingling, stinging and numbness. Neck pain is at 8/10, with radicular pain in right and left arm and weakness in both. She is working full-time. She notes an increase in pain with the change in medications as she is "sub therapeutic at this time." The patient was placed on Methadone in an attempt to minimize withdrawal from the intermittent non-authorization. The 10/3/13 report from [redacted] discusses opiates and a medication peer-to-peer discussion. No other discussion noted regarding the medications under current review. 9/25/13 report shows 8/10 pain in neck. No other discussions regarding how the medications are affecting the patient's life. 9/9/13 report does not discuss medication efficacy. Cervical epidural steroid injection helped 60%, [redacted] is requesting surgical intervention with disk replacement. A report from 9/6/13 (no physician name) indicates that the patient had an emergency department visit due to severe pain. Radio-frequency ablation of the cervical spine only helped for one day, recommendation was for C6-7 disc replacement. 8/21/13 report by [redacted] shows pain at 7/10 in neck, status post emergency room evaluation and now has Phlebitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Topiramate 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic shoulder pain with history of shoulder surgery, chronic neck pain with Magnetic Resonance Imaging showing multi-level DDD. [redacted] has been prescribing Topamax 25 mg tid dating back to July 2013, with a dose increase on 7/30/13. The request for Topamax was partially authorized for a 2 month supply on the 10/10/13 utilization report. Review of the reports show that the patient has had Electromyogram (EMG) and Nerve Conduction studies that showed neuropathy from both radiculopathy and plexopathy, although Magnetic Resonance Imaging of cervical spine and brachial plexus were essentially negative. Review of the treating physician notes from July 2013 to 10/31/13 do not show any mention of how the patient is responding to this medication. On 7/30/13, The treating physician recognized that medications were not helping and actually increased the dosage of Topamax. However, the subsequent notes do not address how the patient is responding to the increase in dosage. There are no pain assessments relative to Topamax. The treating physician indicates that this is prescribed for migraines, but migraines are not mentioned in the subjective complaints, and no discussion is provided as to how the patient is responding to the medication. California Medical Treatment Utilization Schedule (MTUS), page 60, states for medication use in chronic pain, "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." In this case, there is no documentation of any measures of lasting benefit from this modality and there is no documentation of a relationship to improvements in function and increased activity due to Topamax. While Topamax may be indicated for chronic neuropathic pain, as in this patient, no benefit has been documented despite several months of multiple reports. Recommendation is for denial.

One prescription of Tizanidine 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic shoulder and neck pain with prior history of shoulder surgery. The treating physician has prescribed Zanaflex. After reviewing reports from 7/24/13 to 10/31/13, there is no mention of how the patient is responding to this medication. There is no documentation that the use of Zanaflex has resulted in some measurable

functional and pain improvement. All of the notes appear to indicate the patient's pain is escalating, with high levels of pain ranging from 6-8/10. One cannot determine what benefits the patient has derived from Zanaflex, in spite of long-term use. California Medical Treatment Utilization Schedule (MTUS) supports use of Zanaflex for chronic myofascial pain, fibromyalgia and low back pain. California Medical Treatment Utilization Schedule (MTUS) also requires documentation of the relationship between prescribed medication and functional/pain improvement (p60). In this case, such documentation is missing. Recommendation is for denial.

One prescription of Gabapentin 600mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic shoulder and neck pain with history of shoulder surgery. The patient has had Electromyogram (EMG) and Nerve Conduction studies studies that showed radiculopathies and brachial plexopathies. Magnetic Resonance Imaging (MRI) of cervical spine showed degeneration and brachial plexus Magnetic Resonance Imaging (MRI) was negative. The treating physician has been prescribing Gabapentin for quite some time now for the patient's neuropathic pain. However, despite the review of the patient's reports from 7/24/13 to 10/31/13, there is not a single mention of how this medication is helping the patient. California Medical Treatment Utilization Schedule (MTUS) guidelines require documentation of at least 30% reduction of neuropathic pain before this medication can be continued. Progress reports show no mention of how the patient is responding to Gabapentin. California Medical Treatment Utilization Schedule (MTUS) page 60 requires documentation of relationship between prescribed medication and function/pain improvement, when using medications for chronic pain. In reviewing the reports, it appears the patient's pain is escalating, in spite of receiving multiple medications to address pain. Recommendation is for denial.

One prescription of Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic neck and shoulder pain with history of shoulder surgery. The request is for Cymbalta which the patient has been prescribed for presumed neuropathic and chronic pain. The patient has received Electromyogram (EMG) and Nerve Conduction studies that show plexopathy and radiculopathies. Magnetic Resonance Imaging (MRI) of cervical spine showed multi-level degeneration and an Magnetic Resonance Imaging (MRI) of brachial plexus was negative. California Medical Treatment Utilization Schedule (MTUS) allows the use of Cymbalta for neuropathic pain and chronic generalized pain such as fibromyalgia. However, for chronic pain and medication use, California Medical Treatment Utilization Schedule (MTUS) page 60 requires evaluating the effect of pain relief in

relationship to improvements in function and increased activity. In this case, despite the review of about 10 reports spanning 7/24/13 to 10/31/13, there is no documentation of how Cymbalta is helping or improving this patient's pain and function. The patient continues with 6-8/10 pain and one cannot tell whether or not Cymbalta is doing anything for this patient. California Medical Treatment Utilization Schedule (MTUS) states on page 60 that relief of pain with the use of medications is generally temporary. It is the prescribing physician that must provide convincing evidence that the use of Cymbalta is making a difference in this patient's function and pain. Given the lack of such documentation, recommendation is for denial.