

Case Number:	CM13-0064943		
Date Assigned:	01/03/2014	Date of Injury:	09/15/2005
Decision Date:	05/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 09/15/2005. The mechanism of injury was a slip and fall. The injured worker's medication history included anti-epileptic drugs, Voltaren gel, opiates and benzodiazepines as of 04/2013. The documentation of 11/25/2013 revealed that the injured worker was taking Nucynta, which was somewhat helpful. It was indicated that the injured worker was getting benefit from the addition of #1 Norco 10/325 daily. The injured worker was able to load the dishwasher, prepare meals and put dishes away above shoulder level. The injured worker indicated that without the Norco, she would be unable to do so. The injured worker's pain was a 6/10 to 7/10 on the average. It was indicated that the injured worker had a 1 month trial of tarmadol with no improvement and had weaned off Depakote for a lack of efficacy. It was indicated that the injured worker was doing well with Topamax, with about 8 headaches per month compared to 20 previously. The Nucynta was increased to 100 mg 3 times a day and had initial good relief; however, she now had less relief. The physician indicated that he had added Norco 10/325 at #1 per day with increased function and no side effects. The injured worker indicated that tasks such as preparing meals, running errands and driving were easier. The physician opined that he would try Cymbalta as a pain medication as the injured worker did not do well with Neurontin in the past. The injured worker was on Rozerem for a long time, but it became ineffective; and the injured worker started temazepam following her surgery. It was indicated that the temazepam had been effective and allowed the injured worker to sleep despite constant neck pain. It was indicated that the injured worker underwent a cervical fusion in 08/2011 and had not gotten physical therapy for postoperative care; and as such, it was being requested. Additionally, it was indicated to wean down the Flexeril for a lack of efficacy. Physical examination revealed that the injured worker had spasms that were palpable in the superior trapezius and middle trapezius muscles. The

diagnoses included chronic neck and chronic back pain. The injured worker's CURES reports were appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TOPAMAX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epileptic medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. It was indicated that the injured worker had been utilizing anti-epileptic drugs for greater than 6 months. The clinical documentation submitted for review indicated that the injured worker had objective functional improvement and that the number of headaches had decreased. The request as submitted failed to indicate the quantity, strength and frequency for the requested medication. Given the above, the request for a prescription of Topamax is not medically necessary.

PRESCRIPTION OF FLEXERIL: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been on the medication for greater than 6 months. However, there was a lack of documentation of objective improvement with the requested medication. The injured worker was being weaned off the medication for a lack of efficacy. The request as submitted failed to indicate the frequency, quantity and strength. Given the above, the request for a prescription of Flexeril is not medically necessary.

PRESCRIPTION OF VOLTAREN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Voltaren/Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 111.

Decision rationale: California MTUS states Voltaren® Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate whether the product was for oral or topical use. The request failed to indicate the frequency, quantity and strength. Given the above, the request for a prescription of Voltaren is not medically necessary.

PRESCRIPTION OF NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behaviors and side effects. It was indicated that the injured worker had been utilizing this classification of medications for greater than 6 months. The clinical documentation submitted for review indicated that the injured worker was being monitored through CURES, had no side effects and had an objective improvement in function. However, there was a lack of a documented objective decrease in pain. The request as submitted failed to indicate the strength, quantity and frequency for the requested medication. Given the above, the request for a prescription of Norco is not medically necessary.

PRESCRIPTION OF NUCYNTA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nucynta (Tapentadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behaviors and

side effects. It was indicated that the injured worker had been utilizing this classification of medications for greater than 6 months. The clinical documentation submitted for review indicated that the injured worker was being monitored through CURES, had no side effects and had an objective improvement in function. However, there was a lack of a documented objective decrease in pain. The request as submitted failed to indicate the strength, quantity and frequency for the requested medication. Given the above, the request for a prescription of Nucynta is not medically necessary.

PRESCRIPTION OF RESTORIL: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. The request as submitted failed to indicate the frequency, quantity and strength for the requested medication. Given the above, the request for a prescription of Restoril is not medically necessary.