

Case Number:	CM13-0069334		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2003
Decision Date:	08/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/20/2013

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 78-year-old female who reported an injury on 12/10/2003. The mechanism of injury was not stated. Current diagnoses include cervical disc injury, lumbar disc injury, right rotator cuff tear, and possible cervical myelopathy. The injured worker was evaluated on 11/26/2013 with complaints of neck, right shoulder, and low back pain. Physical examination revealed moderate to severe paraspinal spasm and tenderness in the cervical spine, positive Spurling's maneuver on the left, painful range of motion, possible clonus upon movement of the left upper extremity, 1+ deep tendon reflexes throughout the bilateral upper extremities, positive clonus in the left lower extremity, tenderness over the lumbar spine, and weakness in the left lower extremity. Treatment recommendations included prescriptions for Topamax, Cymbalta, Celebrex, and Vicodin. Home health assistance was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg: 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): 16-22.

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy, with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants fail. There is no documentation of a failure to respond to first-line anticonvulsants. There was also no frequency or quantity listed in the current request. As such, the request for Topamax 50mg is not medically necessary and appropriate.

Cymbalta (unknown prescription): 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): 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta has been FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. There is no high-quality evidence to support the use of Cymbalta for lumbar radiculopathy. There is no strength, frequency, or quantity listed in the current request. As such, the request of Cymbalta (unknown prescription) is not medically necessary and appropriate.

Celebrex (unknown prescription): 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): 67-72.

Decision rationale: California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above-mentioned diagnoses. There is no strength, frequency, or quantity listed in the request. As such, the request for Celebrex (unknown prescription) is not medically necessary and appropriate.

Vicodin 5mg: 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): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. There is no frequency or quantity listed in the current request. There is also no documentation of a failure to respond to non-opioid analgesics. There was no documentation of a written pain consent or agreement for chronic use of an opioid. Based on the clinical information received, the request of Vicodin 5mg is not medically necessary and appropriate.

Home health care assistant for 4 hours a day (unknown days): 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): 51.

Decision rationale: California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis. The total duration of treatment was not specified in the request. The specific type of services required was also not listed. California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Based on the clinical information received, the request for Home health care assistant for 4 hours a day (unknown days) is not medically necessary and appropriate.