

Case Number:	CM14-0010001		
Date Assigned:	02/21/2014	Date of Injury:	06/29/2010
Decision Date:	06/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/24/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 33 year old female with a work injury dated 6/29/10. The patient was diagnosed with tendino-ligamentous injury left ankle, left Achilles tendon sprain/strain, impaired range of motion of the left ankle, RSD/CRPS of the left lower limb, depression with anxiety, pain disorder, sleep disorder, dependent personality disorder, orthopedic/cervical injuries, doubt traumatic brain injury. The patient sustained multiple injuries to the ribs, head, neck and back, which she began having significant pain, burning, bruising, cold bluish hands and a left foot, as well as, daily nausea and the inability to sleep at night On 05/02/11 a panel qualified medical examination reported that the patient reported ongoing neck and left upper extremity pain. She also had migraines two to three times per week, which were not improved with Atenolol or Topamax. She reported tightness and soreness of the neck, right and left shoulders, and low back pain with occasional shooting pain to her left foot. On 07/15/11, an office document visit reported that the patient continued to experience increasing frequency of migraines. On 02/21/12, the patient reported that she was taking Topamax for headaches, which supposedly helped her left hand also; however, she did not feel a lot of relief of her symptoms. The patient was prescribed Norco on 2/12/13. On 07/01/13, the patient reported continued pain in the neck, which she rated at 5/10 that radiated to the bilateral shoulder blades, left arm, left hand and frequent headaches. She also reported that she had difficulty performing activities, such as dressing, cleaning and lifting of more than five pounds. On 07/18/13, the patient reported that her left upper extremity pain was unchanged, which she rated at 7/10. She reported that her medications were helping, but the ones that reported to be helpful were not identified. It was noted that the patient did not show any medication dependency. The patient was unable to tolerate work activities. Her medications at this point included Norco 10/325 mg one tablet three

times a day as needed. On 08/22/13, the patient reported that her left shoulder, left elbow, left wrist and hand pain remained the same and she rated her pain at 6/10. She reported that her pain increased to 8/10 frequently. Her medications included Norco at this point. On 10/28/13, the patient reported that her left upper extremity pain increased. She rated her pain at 6/10 and that it increased to 9/10 frequently. She reported that her left upper extremity pain increased by 40%. She stated that her medications were helping. She was prescribed Relpax 40 mg one tablet daily, Topamax 200 mg one tablet daily and Norco 10/325 mg one tablet three times daily as needed. On 11/11/13, the patient reported that her left lower extremity pain remained unchanged. She rated her pain at 6/10 that increased to 8/10 frequently. She reported that her medications were helping her.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG THREE TIMES A DAY AS NEEDED #90: 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): 76-80.

Decision rationale: Norco 10/325 mg three times a day as needed #90 is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The documentation submitted does not reveal a signed pain contract. The documentation indicates that the patient has been on Norco without significant functional improvement as defined by the Chronic Pain Medical Treatment Guidelines, or improvement in pain. The Chronic Pain Medical Treatment Guidelines does not recommend continuing opioids without improvements in function or pain. The request for Norco 10/325mg three times a day as needed #90 is not medically necessary.

TOPAMAX 200 MG ONE AT BEDTIME #182: 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 Topamax Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head-migraine pharmaceutical treatment.

Decision rationale: The request for Topamax 200mg one at bedtime #182 is not medically necessary per the Chronic Pain Medical Treatment Guidelines, and : Official Disability Guidelines. The Chronic Pain Medical Treatment Guidelines does not address Topamax for migraines, but rather for neuropathic pain. The Official Disability Guidelines does not address Topamax for migraines but states that triptans are the recommended medication choice for migraine sufferers. The patient has remained on Topamax without significant improvement in

headaches or functional improvement as defined by the Chronic Pain Medical Treatment Guidelines. The request for the Topamax 200mg one at bedtime #182 is not medically necessary.