

Case Number:	CM14-0011277		
Date Assigned:	02/21/2014	Date of Injury:	11/02/2001
Decision Date:	07/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old female who has filed a claim for cervical disc displacement associated with an industrial injury date of November 02, 2001. Review of the progress notes indicates significant improvement of right upper neck and posterior head pain with the facet nerve block and right third occipital nerve and C3 deep medial branch block for 2-3 weeks. The patient reports return of pain symptoms with radiation into the fourth and fifth digits and up into the shoulder, and difficulty grasping and lifting objects due to pain in the right forearm and elbow. Findings include decreased tenderness over the upper cervical spine, tenderness over the right C2-3 region, palpable spasm in the upper cervical region, crepitus with range of motion of the elbow, tenderness over the lateral epicondyle and olecranon, tenderness over the cubital tunnel, decreased sensation in the 4th and 5th digits, and pain along the extensor tendon upon wrist extension against resistance. The patient reports that the medications decrease the pain levels by about 50%, increases functionality with performing activities of daily life and with mobility, and promotes restorative sleep. Treatment to date has included nonsteroidal anti-inflammatory drugs, muscle relaxants, Fioricet, topiramate, opioids, inversion table, ice, right C2-3 facet injection, medial branch blocks, and cervical spinal fusion (date unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 MG 60 TABLETS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management pages 78-82 Page(s): 78-82.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since October 2013. In this case, progress notes indicate that the patient has decreased pain scores and increased functionality with this medication, and there have not been any psychological or behavioral problems with medication use. The patient is currently allowed to return to work with modified duties. Continuing this medication is necessary at this time to manage the patient's pain symptomatology and to maintain functionality and quality of life. Therefore, the request for Norco 7.5/325 mg 60 tablets was medically necessary.

FIORICET 50/325 MG 90 TABLETS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. This patient has been on this medication since at least September 2013. This medication is not recommended for management of chronic pain symptoms, as is seen in this patient. Therefore, the request for Fioricet 50/325 mg 90 tablets was not medically necessary.

CYCLOBENZAPRINE 10 MG 30 TABLETS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Cyclobenzaprine (Flexeril) pages 41-42 Page(s): 41-42.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The patient has been on this medication since October 2013. There is no documentation of acute exacerbation of pain or significant muscle spasms to continue this medication. The patient is taking Soma as well, and

there is no indication for the use of two muscle relaxants. Also, this medication is not recommended for chronic use. Therefore, the request for Cyclobenzaprine 10 mg 30 tablets was not medically necessary.

TOPAMAX 100 MG 60 TABLETS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Antiepilepsy drugs (AEDs) pages 16-21 Page(s): 16-21.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The patient has been on this medication since October 2013. In this case, the patient presents with findings suggestive of ulnar neuropathy. However, there is no documentation of trial of other anticonvulsants. Therefore, the request for Topamax 100 mg 60 tablets was not medically necessary.