

<b>Case Number:</b>	CM14-0119570		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/23/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 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 43 year old female who has a date of injury of 02/23/09. The mechanism of injury is undisclosed. The injured worker reports pain in the cervical region radiating into the upper extremities, left greater than right, daily headaches, mild upper extremity weakness, right greater than left, further noted to have low back pain. Pain level is reported to be 8 to 9/10 while on medications and has completed physical therapy. It is documented that the claimant is taking narcotics, antiinflammatories, and muscle relaxers. On physical examination dated 06/24/14, paralumbar spasms and tenderness to palpation on the right, quadriceps atrophy, reduced range of motion, straight leg raise is reported to be positive at 40 degrees on the right, range of motion of the lumbar spine is reduced, right knee reflex is 2+ and left knee reflex is 1+, sensation is decreased on the right, hypersensitivity and allodynia in the lateral thigh, motor strength is intact, decreased sensation in the right C6 dermatome and a hypoactive biceps tendon reflex on the right, and no substantive change noted through multiple serial records. The record contains a utilization review determination dated 07/15/14 in which requests for Neurontin 100 milligrams quantity 90, Norco 10/325 milligrams quantity 60, Zofran 8 milligrams quantity 15, Baclofen 20 milligrams quantity 90, Topamax 100 milligrams quantity 60, and Anaprox 550 milligrams quantity 60 were noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 100mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs) Page(s): 16-22.

**Decision rationale:** The submitted clinical record provides sufficient data to establish that the injured worker has neuropathic pain secondary to cervical and lumbar radiculopathy. As such, this medication would be clinically indicated for these conditions and therefore, recommended to be continued. The request for Neurontin 100 milligrams quantity 90 is recommended as medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** The records indicate that the injured worker has chronic pain secondary to a date of injury of 02/23/09. Her visual analog scale (VAS) scores were reported to be 8 to 9/10 while on medications. The record provides no data to establish the efficacy of this medication. The record does not indicate that there is a signed pain management contract. There is no indication of serial urine drug screens to assess compliance. There is no data presented that establishes that the use of this medication results in functional improvements. As such, the continuation of this medication would not be supported under California Medical Treatment Utilization Schedule (MTUS) chronic opiate use. The request for Norco 10/325 milligrams quantity 60 is not supported as medically necessary.

**Zofran 8mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, PROTON PUMP INHIBITORS.

**Decision rationale:** The submitted clinical records do not provide any substantive data indicating that the injured worker has nausea and vomiting associated with medication use that would require the use of Zofran 8 milligrams. Therefore, the request for Zofran 8 milligrams quantity fifteen is not medically necessary.

**Baclofen 20mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** The most recent physical examinations indicate that the injured worker has active myospasms for which this medication would be indicated. The request for Baclofen 20 milligrams quantity ninety is supported as medically necessary.

**Topamax 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs) Page(s): 16-22.

**Decision rationale:** The submitted clinical records report that the injured worker has headaches. The origin of the headaches is not described in the clinical record. It would appear that the injured worker has been using Topamax for an extended period of time and as such, there is no information regarding the efficacy of this medication in the suppression of her reported headaches. The request for Topamax 100 milligrams quantity sixty is not medically necessary.

**Anaprox 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The records reflect that the injured worker has chronic conditions and suffers from degenerative changes in the spine for which this medication would be clinically indicated and recommended. The request for Anaprox 550 milligrams quantity sixty is medically necessary.