

Case Number:	CM14-0122724		
Date Assigned:	09/25/2014	Date of Injury:	12/22/2010
Decision Date:	12/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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 Georgia. 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 61-year-old male presenting with a work-related injury on December 22, 2010. The patient was diagnosed with cervicalgia, rotator cuff sprain/rupture, shoulder ankylosis, chronic pain, brachial neuritis, headache, depressive disorder, cervical disc degeneration, bursitis, myalgia, dizziness, hypersomnia, soft tissue impingement, shoulder joint pain, long prescriptions use, mood disorder, muscle spasm, and left shoulder capsulitis. The patient medication included Benadryl, naproxen 500 mg, Robaxin 750 mg, and Tramadol ER 300 mg. The physical exam on every 14 2014 was nonsignificant. A claim was made for multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 300 mg 1 p.o. q.h.s (one by mouth at bedtime) # 30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Tramadol HCL ER 300 mg 1 po qhs (one by mouth at bedtime) # 30 x 2 refills is not medically necessary. Ultram is Tramadol. Tramadol is a centrally- acting opioid. Per

MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.

Topiramate 25 mg 1-2 po bid (by mouth twice daily) (# 120 x 0 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs Page(s): 16 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 17-19.

Decision rationale: Topiramate 25 mg 1-2 po bid (by mouth twice daily) (# 120 x 0 refills) is not medically necessary. Ca MTUS 17-19 Recommended for neuropathic pain (pain due to nerve damage) and Headaches. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with Topiramate is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on her most recent office visit; therefore the requested medication is not medically necessary.

Robaxin 750 mg 1 p.o. q 4-6 (by mouth every 4-6 hours) #120 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 65.

Decision rationale: Robaxin 750 mg 1 po q 4-6 (by mouth every 4-6 hours) #120 x 4 refills is not medically necessary. Robaxin is Methocarbamol. Per CA MTUS the mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related

sedative properties. This drug was approved by the FDA in 1957. Side Effects: Drowsiness, dizziness and lightheadedness. Dosing: 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. (See, 2008). Robaxin is not recommended for long-term use particularly because the mechanism of action is unknown. Robaxin is also not medically necessary because it was prescribed in combination with other medications.

Naproxen 500 mg 1 tab p.o. bid (by mouth twice daily) # 60 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

Decision rationale: Naproxen 500 mg 1 tab p.o. bid (by mouth twice daily) # 60 x 4 refills is not medically necessary. Naproxen is a non-steroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associated with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.