

Case Number:	CM14-0132644		
Date Assigned:	09/18/2014	Date of Injury:	03/12/2008
Decision Date:	10/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 Pain Medicine 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 55-year-old female who sustained an injury on 03/12/08. She continued to have neck pain radiating down to bilateral upper extremities with swelling of the hands and feet. She also has headaches. Pain was rated at 6/10 with medications and 8/10 without medications. Cervical spine exam noted spasm bilaterally in the trapezius muscles and spinal vertebral tenderness in the cervical spine at C5-C7. The paravertebral area was tender upon palpation. ROM of the cervical spine was moderately limited due to pain. Tenderness at the right anterior shoulder and at bilateral groin were noted. An MRI of the cervical spine on 07/22/13 showed mild spondylosis with disc desiccation at C3-C4 level. At C2-C3, there was a small 2mm disc bulge, most prominent centrally, this effaced the ventral subarachnoid space without causing central spinal canal stenosis. At C3-C4, there was a 3-4 mm disc osteophyte complex, which contributes to mild central spinal canal stenosis. There was bilateral uncovertebral joint hypertrophy contributing to narrowing along the exit lanes of the neural foramina. Mild facet joint hypertrophy was also noted. At C5-C6, there was a small 2mm diffuse disc bulge with overlying osteophyte, this contributes to mild central spinal stenosis. She is status post angioplasty. Her medications include Topiramate, Flexeril, Neurontin, Norco, Ketoprofen, Lovastatin, and cyclobenzaprine. She reported that the use of current medication was helpful and she also used a TENS unit. Diagnoses include cervical radiculopathy, cervical spinal stenosis, chronic pain, and bilateral carpal tunnel syndrome. The request for Norco 10/325mg #120, Ketoprofen 50mg #60, Topiramate 50mg #120 and Flexeril 10mg #30 was denied on 08/08/14 due to lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 91; 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines also state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of return to work. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation. Therefore, the request is not medically necessary.

Ketoprofen 50mg #60: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants, had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Chronic use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function specific to prior use. It is not clear how long the IW has been taking this medication, as long term use of NSAIDs is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen is not medically necessary.

Topiramate 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

Decision rationale: As per CA MTUS guidelines, Topiramate (Topamax), an antiepileptic drug, has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Guidelines recommend that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, there is no documentation of trial and failure of first line therapy. There is no documentation of reduction in pain level (i.e. VAS) or objective functional improvement with the use of this medication. Thus, the request is not medically necessary.

Flexeril 10mg #30: Upheld

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

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

Decision rationale: Per guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. There is also a post-op use. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.