MAXIMUS Federal Services

Case Number:	CM14-0135200		
Date Assigned:	09/15/2014	Date of Injury:	02/15/2011
Decision Date:	10/31/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational 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:

There were 424 pages provided for this review. The patient sustained injury to the low back while using a glue gun at work in 2005, now nine years ago. The claimant constructs and fabricates props for stage shows. There was a request for independent medical review that was signed on August 15, 2014. It was for medications. There was a peer review from July 25, 2014. Per the records provided, the patient was injured on February 15, 2011. The claimant had been under the care of the treating doctor for a cervical disc bulge with foraminal narrowing, right upper extremity radiculopathy, chronic cervicalgia, status post right knee arthroscopy for a meniscus tear in 2010 in 2012, status post a left knee arthroscopy for a meniscus tear in 2009 and 2011, and status post a right middle trigger finger release and status post right wrist carpal tunnel release. The patient is also status post right wrist surgery for de Quervain's tenosynovitis and possible complex regional pain syndrome. There was spinal stenosis at C5-C6. The patient also had left-sided L3, L4 and L5 medial branch block under fluoroscopic guidance. A urine drug screen showed consistent results. As of June 10, 2014, it was noted the patient had a history of migraines and fibromyalgia; there is no mention of a current diagnosis of migraines or how common or frequent they are. In July 2, 2014, the claimant presented regarding her current medication regimen. She notes that her pain is reduced from 7 to 10 out of 10 down to three out of 10 in intensity with the medicines. Her function is improved. She states without them, she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects of the medicines. There are no aberrant drug behaviors. Butrans and Percocet were thought to be necessary. The reviewer also noted the documentation did not confirm a diagnosis of migraine only a past history of migraine. Naprosyn and Nexium were not supported as they should be used at the lowest dose possible for the shortest duration possible. Topamax likewise was not supported. The patient was prescribed Lyrica. Topamax is only

indicated if there is failure of first-line antiepileptic agents. This was not demonstrated in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex injection #10 with 5 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, under Triptans

Decision rationale: The MTUS is silent on this medicine. The ODG notes that this medicine is recommended for migraine sufferers. At marketed doses, all triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one Triptan does not predict a poor response to other agents in that class. (Adelman, 2003) (Ashcroft, 2004) (Belsey, 2004) (Brandes 2005) (Diener, 2005) (Ferrari, 2003) (Gerth, 2001) (Mannix, 2005) (Martin 2005) (McCrory, 2003) (Moschiano, 2005) (Moskowitz, 1992) (Sheftell, 2005). In this case, there is no classic neurologic description of migraines headaches in this claimant. The use of the medicine for injury-related headache pain would be off label, and not proven effective in large scale clinical studies. The injection request is not medically necessary.

Naprosyn 500 mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 of 127.

Decision rationale: The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription NSAID. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore, when over the counter NSAIDs would be sufficient. In summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living,

or other medicine reduction, the MTUS does not support the use of this medicine. The request is not medically necessary.

Nexium 40 mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary.

Topamax 50 mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127 and page 19 of 127..

Decision rationale: The MTUS notes that anti-epilepsy drugs (AEDs) like Topamax or Topiramate are also referred to as anti-convulsant, and are recommended for neuropathic pain (pain due to nerve damage) However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Topamax is essential. Topamax has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is not medically necessary.