

Case Number:	CM14-0153378		
Date Assigned:	09/23/2014	Date of Injury:	11/12/2008
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, bilateral shoulder, wrist, and low back pain reportedly associated with an industrial injury of November 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 9, 2014, the claims administrator failed to approve a request for Fenoprofen and Topiramate. The applicant's attorney subsequently appealed. In a progress note dated January 21, 2014, the applicant reported persistent complaints of bilateral shoulder, neck, mid back, and low back pain. The applicant's medication list included Naprosyn, tramadol, Prilosec, and LidoPro, it was noted. Multiple medications were renewed. The applicant's work status was not clearly stated. In a March 1, 2014 progress note, it was suggested that the applicant was working full time with a 10-pound lifting limitation in place. The note was handwritten, not entirely legible, and difficult to follow. Multiple medications were renewed. On April 7, 2014, the applicant reported persistent complaints of low back pain. The applicant was again asked to continue working full time with the 10-pound lifting limitation in place. A gym membership was endorsed. On May 3, 2014, the applicant was received refills of tramadol, Naprosyn, Prilosec, and TENS unit patches. The applicant was asked to continue working full time and obtain a gym membership. In an August 18, 2014 consultation, the applicant was again described as using Naprosyn, Topiramate, Prilosec, Zocor, Lidoderm, and Zyrtec. It was stated that the applicant had a past medical history notable for epilepsy/seizure disorder, among other things. In an August 16, 2014 progress note, the applicant was asked to continue working full time as a certified nursing assistant. The applicant was given prescriptions for Fenoprofen, Prilosec, Topiramate, Lidoderm, and Methoderm. In an earlier

note dated July 12, 2014, the applicant was given refills of Naprosyn, Lidoderm, and Prilosec while continuing home exercises. The applicant stated her medications were diminishing her pain scores by about 30%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Antiinflammatory Medications.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Fenoprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider did not furnish any rationale for selection/introduction of Fenoprofen when the applicant was already using Naprosyn. It was not clearly stated whether the applicant was asked to use Fenoprofen in lieu of Naprosyn or whether the applicant was being asked to use Fenoprofen and Naprosyn concurrently. It is difficult to support introduction of Fenoprofen without some statement from the attending provider to the effect that Naprosyn was being discontinued. Therefore, the request was not medically necessary.

Topiramate 50mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21. Decision based on Non-MTUS Citation TOPAMAX®. The label - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe...

Decision rationale: In this case, it was not clearly stated whether the applicant was using Topiramate for epilepsy or whether the applicant was in fact using Topiramate or Topamax as an anticonvulsant adjuvant medication. The applicant was described as having a history of epilepsy on a progress note, referenced above. As noted by the Food and Drug Administration (FDA), Topiramate is recommended as initial monotherapy for individuals with partial onset or generalized tonic-clonic seizures. Page 21 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that Topiramate or Topamax can be employed as an anticonvulsant

adjuvant medication when other anticonvulsants fail. In this case, the attending provider's progress notes do suggest that ongoing usage of Topiramate has attenuated the applicant's pain complaints by 30%. The applicant's returning to and/or maintaining full-time work status as a certified nursing assistant, moreover, does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of the same. Continuing Topiramate, on balance, is therefore indicated, whether being employed for epilepsy or for chronic pain purposes. Therefore, the request is medically necessary.