

Case Number:	CM14-0179711		
Date Assigned:	11/04/2014	Date of Injury:	04/11/2014
Decision Date:	12/26/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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 left shoulder, arm, hand, neck, and rib pain reportedly associated with an industrial injury of April 11, 2014. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a cervical epidural steroid injection, partially approved Norco for weaning purposes, denied Prilosec outright, denied Voltaren gel and Topamax. In an August 28, 2014 progress note, the applicant reported ongoing complaints of 7-8/10 of neck, shoulder, and elbow pain. Radiation of pain to bilateral upper extremities was appreciated. The applicant was off of work, it was acknowledged. An average pain score of 8/10 was appreciated. The applicant was using Norco, Prilosec, and Voltaren, it was acknowledged. The applicant's gastrointestinal review of systems, however, was negative. Cervical MRI imaging and Medrox patches were endorsed while the applicant was kept off of work, on total temporary disability. There was no explicit discussion of medication efficacy on this occasion. On September 20, 2014, the applicant reported ongoing complaints of neck pain, headaches, and shoulder pain, 8/10. The applicant was off of work, it was acknowledged. The applicant stated that his medications were less effective. The applicant's gastrointestinal review of systems was again entirely negative. There was no mention of any issues with heartburn. Epidural steroid injection therapy at C7-T1 was sought while the applicant was placed off of work, on total temporary disability. Cervical MRI of September 10, 2014 was referenced demonstrating moderate severe C5-C6 spinal stenosis and moderate severe left-sided neuroforaminal narrowing owing to a large disk-osteophyte complex at this level. The remainder of the file was surveyed. There was no mention of the applicant's having had prior epidural steroid injection therapy, although it was incidentally noted that electrodiagnostic testing of November 13, 2014 failed to uncover evidence of cervical radiculopathy but did

demonstrate a mild bilateral carpal tunnel syndrome. On September 20, 2014, the attending provider introduced Topamax for prophylactic purposes for headaches, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The applicant continues to report ongoing complaints of pain in the 8/10 range, despite ongoing usage of Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco therapy. Rather, the attending provider's progress notes to the effect that the effectiveness of Norco is waning or diminishing over time would seemingly suggest that Norco is not, in fact, generating requisite amounts of analgesia and/or improvements in function. Therefore, the request was not medically necessary.

Left Cervical Epidural Steroid Injection C7-T1 Under Fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (Epidural Steroid Injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection therapy is recommended as an option for radicular pain, preferably that which is radiographically and electrodiagnostically confirmed. Here, there is some [admittedly incomplete] radiographic evidence of radiculopathy, albeit predominantly at levels other than the one in question. Nevertheless, the request in question does seemingly represent a first time request for epidural steroid injection therapy. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. A trial epidural steroid injection is indicated and could play a diagnostic (and potentially therapeutic) role. Therefore, the request is medically necessary.

Prilosec Dr 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. Therefore, the request is not medically necessary.

Voltaren Gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac "has not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator is, in fact, the cervical spine, a body part for which Voltaren has not been evaluated. It is noted that the applicant has already received and used the Voltaren gel at issue, despite the unfavorable MTUS position on the same for the body part at issue. The applicant has, moreover, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Voltaren. The applicant remains off of work, on total temporary disability. Ongoing usage of Voltaren has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f achieved as a result of ongoing Voltaren gel usage. Therefore, the request is not medically necessary.

Topamax 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Topamax Medication Guide.

Decision rationale: Unlike several of the other medications at issue, Topamax was introduced for the first time on September 25, 2014. The requesting provider stated that Topamax was being employed for ongoing complaints of headaches. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Topamax can be employed for neuropathic pain when other anticonvulsants fail, in this case, however, the usage of Topamax for headache

prophylaxis is an issue which is not addressed in the MTUS. The Food and Drug Administration (FDA), however, does establish a role for and acknowledges that Topamax or Topiramate is indicated in the prophylactic treatment of migraine headaches, as were apparently present here on or around the date in question, September 25, 2014. In this case, the applicant's ongoing issues with headaches were seemingly frequent enough to justify usage of a prophylactic medication, Topamax, as opposed to abortive medications alone. Therefore, the request is medically necessary.