

Case Number:	CM14-0021004		
Date Assigned:	11/06/2014	Date of Injury:	06/25/2009
Decision Date:	12/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/06/2014

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 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:

According to the records made available for review, this is a 41-year-old male with a 6/25/09 date of injury. At the time (1/3/14) of Decision for Norco (Hydrocodone/APAP) 10/325mg #120, Dexilant (Dexlansoprazole) DR 60mg #30, Celebrex 200mg #30, and Topamax (Topiramate) 100mg #60 there is documentation of subjective (upper extremity pain, right hand pain, and upset stomach due to NSAID use) and objective (tenderness to palpitation over the paracervical muscles and trapezius, tenderness to palpitation over the right lateral epicondyle and medical epicondyle, and decreased light touch sensation over the right ring finger, little finger, and middle finger) findings, current diagnoses (causalgia upper limb, peripheral neuropathy, and extremity pain) and treatment to date (medications (including ongoing treatment with Norco, Celebrex, Dexilant, and Topamax since at least 10/17/13)). Medical records identify more tolerable pain with Norco use allowing the patient to complete activities of daily living, performing self-care, and perform light house chores; and that the patient has less hand stiffness with the use of Celebrex. Regarding Norco (Hydrocodone/APAP) 10/325mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Dexilant (Dexlansoprazole) DR 60mg #30, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Regarding Celebrex 200mg #30 and Topamax (Topiramate) 100mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex and Topiramate use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Causalgia upper limb, peripheral neuropathy, and extremity pain. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation of more tolerable pain with Norco use allowing the patient to complete activities of daily living, performing self-care, and perform light house chores, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco (Hydrocodone/APAP) 10/325mg #120 is not medically necessary.

Dexilant (Dexlansoprazole) DR 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67 and 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic), Proton Pump Inhibitors (PPIs), and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple

NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Dexlansoprazole. Within the medical information available for review, there is documentation of diagnoses of causalgia upper limb, peripheral neuropathy, and extremity pain. In addition, there is documentation of subjective (upset stomach due to NSAID use) finding. However, given documentation of a noncertified associated request for Celebrex, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Dexilant (Dexlansoprazole) DR 60mg #30 is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 22 , 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of causalgia upper limb, peripheral neuropathy, and extremity pain. However, despite documentation of ongoing treatment with Celebrex and despite documentation that the patient has less hand stiffness with the use of Celebrex, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200mg #30 is not medically necessary.

Topamax (Topiramate) 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22 and 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of causalgia upper limb, peripheral neuropathy, and extremity pain. However, there is no documentation of failure of other anticonvulsants. In addition, given documentation of ongoing treatment with Topiramate, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Topiramate use to date.