

Case Number:	CM14-0038352		
Date Assigned:	06/25/2014	Date of Injury:	02/23/1999
Decision Date:	09/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 Internal 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:

Patient is an injured worker with spine conditions and a date of injury of 02-23-1999. Progress note dated 06-21-2013 documented a follow-up appointment. History of present illness (HPI) was documented. HPI: Here for routine medical management. Generally doing well but having new numbness in both legs while sitting. Has to get up and walk it off, very painful. Takes a few minutes before sensation goes away. Has to be careful how he sits in general just because of back spasms at his shoulder blades. States he is "down and out" mostly due to right sided spasm in his back near shoulder blade. In the past more often bothered by left sided thoracic pain. Having generally more muscle spasms and aches. Is also having more numbness in right thumb. Not weak but can't feel it Interferes mostly in fine movements, ie trying to click a lighter. Doesn't seem to interfere in driving or gross movement. Patient complained of thoracic spine scapula pain. Vital signs included weight 175, height 68, blood pressure 108/76, heart rate 84, respiratory rate 16. Physical examination was documented. Physical examination included the following findings: well developed and well nourished, NAD; HEENT clear conjunctiva, oropharynx clear; neck, thyroid: supple, mild tenderness paraspinal cervical muscles extending into trapezii; chest normal shape and expansion; heart: RRR, normal S1S2, no murmur, rub, or gallop; lungs clear to auscultation bilaterally, no wheezes, rhonchi, or rales; back marked tenderness with trigger point left thoracic back just medial and adjacent to inferior scapula; extremities: no clubbing, cyanosis, or edema; peripheral pulses decreased in left > right. Assessments included weak pulse, paresthesia, degeneration of thoracolumbar intervertebral disc, spasm of muscle, hypertension, lipid disorders. Treatment plan included ultrasound lower extremity arterial bilateral doppler, trigger point injection with depomedrol and lidocaine for muscle spasm at the point of maximum tenderness just medial to right inferior shoulder blade. Progress note dated 06-21-2013 documented past medical history and current medications. Past medical history included work

injury, migraines, degenerative disc disease, ruptured disc in neck C4-C5, surgery on T6,7,8 X2, lower back surgery, splenectomy, knee surgery. Current medications included Voltaren topical, Claritin, Lunesta 3 mg once a day at bedtime, Topamax 200 mg twice a day, Sumatriptan subcutaneously, Treximet (sumatriptan/naproxen), Celebrex, Tramadol 50 mg 1-2 tabs Q4-6 hours prn pain, Neurontin 600 mg tablet 1 tab(s) three, times a day, Norco 325 mg-10mg tablet 1-2 tab(s) Q4-6hr prn for pain, Skelaxin 800 mg three times a day, Cymbalta, Tizanidine 4 mg tablet 3 tab(s) Q8H, Gabapentin 300 mg capsule 1 cap(s) twice a day. Progress note dated 06-21-2013 documented lab test results, including sodium 137, potassium 4.5, creatinine 0.7, glucose 86, calcium 9.8, ALT 19, AST 23. Arterial doppler segmental pressures performed 07-05-2013 documented the conclusions (1) normal resting and post exercise ankle brachial index, (2) normal doppler segmental waveforms bilaterally consistent with no significant disease of the lower extremity arterial system. Progress note dated 03-18-2013 documented current medications for headache migraine, included Topamax, Sumatriptan subcutaneously, and Treximet. Medications for chronic pain included Celebrex, Cymbalta, Neurontin, Skelaxin, Tizanidine, Norco 325 mg-10mg, Tramadol. Current medications included Lunesta. Progress notes from July 2013 and August 2013 were not contained in the submitted medical records. Progress notes for the dates of service 07/30/13, 7/31/13, 8/6/13, 8/28/13, 8/29/13 were not present in the submitted medical records. Utilization review dated 03-21-2014 recommended non-certification of the requests for Topiramate DOS 08/29/13, Skelaxin DOS 08/29/13, Tramadol DOS 08/28/13, Hydrocodone/Acetaminophen DOS 08/06/13, Lunesta DOS 07/31/13, Tizanidine DOS 07/30/13, Topiramate DOS 07/30/13. DOS is an abbreviation for date of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate Date of Service (DOS) 08/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Antiepilepsy drugs (AEDs) Pages 16-22, 113 Page(s): 16-22, 113.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines categorize Topiramate (Topamax) as anti-epilepsy drugs (AEDs). Regarding AEDs, there are few RCTs directed at central pain and none for painful radiculopathy. A 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be evidence of ineffectiveness. After initiation of treatment there should be documentation of pain relief and improvement in function. The continued use of AEDs depends on improved outcomes. Topiramate 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. MTUS Chronic Pain Medical Treatment Guidelines require the documentation of 30% reduction in pain and improvement in function. The continued use of Topiramate depends on the documentation of improved outcomes. Failure of other anticonvulsants should also be documented. Progress note dated 06-21-2013 does not

document 30% reduction in pain and improvement in function. Failure of other anticonvulsants is not documented. Progress notes from July 2013 and August 2013 were not contained in the submitted medical records. Progress notes for the dates of service 07/30/13, 7/31/13, 8/6/13, 8/28/13, 8/29/13 were not present in the submitted medical records. Medical records do not support the medical necessity of Topiramate, in accordance with MTUS guidelines. Therefore, the request for Topiramate Date of Service (DOS) 08/29/13 is not medically necessary.

Skelaxin DOS 08/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66 FDA Prescribing Information Skelaxin (Metaxalone) <http://www.drugs.com/pro/skelaxin.html> Page(s): 63-66.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 Initial Approaches to Treatment addresses muscle relaxants. Muscle relaxants are no more effective than NSAIDs for treating patients with musculoskeletal problems. They may hinder return to function by reducing the patient's motivation or ability to increase activity. Chronic Pain Medical Treatment Guidelines address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. FDA Prescribing Information documents that Skelaxin (metaxalone) is indicated for acute musculoskeletal conditions. The sedative effects of Skelaxin and other CNS depressants (e.g., alcohol, benzodiazepines, opioids, tricyclic antidepressants) may be additive. Therefore, caution should be exercised with patients who take more than one of CNS depressants simultaneously. Progress notes dated 06-21-2013 and 03-18-2013 documented medications Skelaxin, Tizanidine, Celebrex, Voltaren, Norco, Tramadol, Lunesta, Cymbalta. Patient is an injured worker with spine conditions and a date of injury of 02-23-1999. Past medical history includes work injury, degenerative disc disease, ruptured disc in neck C4-C5, surgery on T6, 7, 8 X2, lower back surgery, knee surgery, degeneration of thoracolumbar intervertebral disc. MTUS guidelines state that muscle relaxants are no more effective than NSAIDs for treating patients with musculoskeletal problems. There is no additional benefit shown in combination with NSAIDs. Patient has been prescribed Celebrex, which is an NSAID. Therefore, Skelaxin provides no additional benefit, and is not medically necessary. MTUS and FDA guidelines do not support the long term use of Skelaxin. Patient's date of injury is 02-23-1999, and the occupational injuries are chronic. Medical records indicate that the patient has been taking Skelaxin for a long term period. MTUS and FDA guidelines warn against using Skelaxin with other CNS depressants. The patient has been prescribed multiple CNS depressants. Patient has been prescribed two muscle relaxants, Skelaxin and Tizanidine, which is redundant therapy. MTUS guidelines recommend that muscle relaxants

should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Progress notes from July 2013 and August 2013 were not contained in the submitted medical records. Progress notes for the dates of service 07/30/13, 7/31/13, 8/6/13, 8/28/13, 8/29/13 were not present in the submitted medical records. Available medical records do not contain progress notes to support the medical necessity of Skelaxin for the date of service (DOS) 08/29/13. Therefore, the request for Skelaxin DOS 08/29/13 is not medically necessary.

Tramadol HCL DOS 08/28/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page 93-94 Page(s): 93-94.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Tramadol (Ultram). Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Progress note dated 06-21-2013 documented that the patient's medications included Cymbalta, Sumatriptan, and Norco. MTUS guidelines warn against using Tramadol in combination with serotonin-norepinephrine reuptake inhibitors (Cymbalta), triptans (Sumatriptan), and other opioids (Norco). Therefore, Tramadol is not recommended. Therefore, the request for Tramadol HCL DOS 08/28/13 is not medically necessary.

Hydrocodone/Acetaminophen DOS 08/06/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints state that the use of opioids for more than 2 weeks. Patient is an injured worker with spine conditions and a date of injury of 02-23-1999. Past medical history includes work injury, degenerative disc disease, ruptured disc in neck C4-C5, surgery on T6, 7, 8 X2, lower back surgery, knee surgery, degeneration of thoracolumbar intervertebral disc. Progress note dated 06-21-2013 documented medication Norco 325 mg-10mg tablet 1-2 tab(s) Q4-6hr prn for pain. Progress note dated 03-18-2013 documented medication Norco 325 mg-10mg. Progress notes from July 2013 and August 2013 were not contained in the submitted medical records. Progress notes for the dates of service 07/30/13, 7/31/13, 8/6/13, 8/28/13, 8/29/13 were not present in the submitted medical

records. Available medical records do not contain progress notes to support the medical necessity of Norco (Hydrocodone/Acetaminophen) for the date of service (DOS) 08/06/13. Medical records indicate that the patient has been prescribed opioids for the a long period. Date of injury was 02-23-1999, and the patient's occupational injuries are chronic. ACOEM guidelines do not support the long term use of opioids for neck, back, and knee conditions. Therefore, the request for Hydrocodone/Acetaminophen DOS 08/06/13 is not medically necessary.

Lunesta DOS 07/31/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Lunesta (eszopiclone). Official Disability Guidelines (ODG) Pain (Chronic) addresses Lunesta for insomnia treatment. Lunesta is indication for insomnia. Prescribing medication indefinitely is not recommended. It is recommended that medication be limited to 6 weeks. Progress note dated 06-21-2013 does not document insomnia diagnosis. Medical records indicate that Lunesta has been prescribed for over three months. Progress notes from July 2013 and August 2013 were not contained in the submitted medical records. Progress notes for the dates of service 07/30/13, 7/31/13, 8/6/13, 8/28/13, 8/29/13 were not present in the submitted medical records. Medical records do not support the medical necessity of Lunesta, in accordance with ODG guidelines. Therefore, the request for Lunesta DOS 07/31/13 is not medically necessary.

Tizinidine HCL DOS 07/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66 Page(s): 63-66.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 Initial Approaches to Treatment addresses muscle relaxants. Muscle relaxants are no more effective than NSAIDs for treating patients with musculoskeletal problems. They may hinder return to function by reducing the patient's motivation or ability to increase activity. Chronic Pain Medical Treatment Guidelines address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Muscle relaxants should not be the primary drug

class of choice for musculoskeletal conditions. Progress notes dated 06-21-2013 and 03-18-2013 documented medications Skelaxin, Tizanidine, Celebrex, Voltaren, Norco, Tramadol, Lunesta, Cymbalta. Patient is an injured worker with spine conditions and a date of injury of 02-23-1999. Past medical history includes work injury, degenerative disc disease, ruptured disc in neck C4-C5, surgery on T6, 7, 8 X2, lower back surgery, knee surgery, degeneration of thoracolumbar intervertebral disc. MTUS guidelines state that muscle relaxants are no more effective than NSAIDs for treating patients with musculoskeletal problems. There is no additional benefit shown in combination with NSAIDs. Patient has been prescribed Celebrex, which is an NSAID. Therefore, Tizanidine provides no additional benefit, and is not medically necessary. MTUS guidelines do not support the long term use of Tizanidine. Patient's date of injury is 02-23-1999, and the occupational injuries are chronic. Medical records indicate that the patient has been taking Tizanidine for a long term period. MTUS guidelines warn against using Tizanidine with other CNS depressants. The patient has been prescribed multiple CNS depressants. Patient has been prescribed two muscle relaxants, Skelaxin and Tizanidine, which is redundant therapy. MTUS guidelines recommend that muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Progress notes from July 2013 and August 2013 were not contained in the submitted medical records. Progress notes for the dates of service 07/30/13, 7/31/13, 8/6/13, 8/28/13, 8/29/13 were not present in the submitted medical records. Available medical records do not contain progress notes to support the medical necessity of Tizanidine for the date of service (DOS) 07/30/13. Therefore, the request for Tizanidine HCL DOS 07/30/13 is not medically necessary.

Topiramate DOS 07/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pages 16-22, 113 Page(s): 16-22,113.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines categorize Topiramate (Topamax) as anti-epilepsy drugs (AEDs). Regarding AEDs, there are few RCTs directed at central pain and none for painful radiculopathy. A 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be evidence of ineffectiveness. After initiation of treatment there should be documentation of pain relief and improvement in function. The continued use of AEDs depends on improved outcomes. Topiramate 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. MTUS Chronic Pain Medical Treatment Guidelines require the documentation of 30% reduction in pain and improvement in function. The continued use of Topiramate depends on the documentation of improved outcomes. Failure of other anticonvulsants should also be documented. Progress note dated 06-21-2013 does not document 30% reduction in pain and improvement in function. Failure of other anticonvulsants is not documented. Progress notes from July 2013 and August 2013 were not contained in the submitted medical records. Progress notes for the dates of service 07/30/13, 7/31/13, 8/6/13,

8/28/13, 8/29/13 were not present in the submitted medical records. Medical records do not support the medical necessity of Topiramate, in accordance with MTUS guidelines. Therefore, the request for Topiramate DOS 07/30/13 is not medically necessary.