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| <b>Case Number:</b>   | CM14-0039161 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 02/23/1999 |
| <b>Decision Date:</b> | 09/03/2014   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 50-year-old male who reported an injury 02/23/1999. The mechanism of injury was not stated. Current diagnoses include hypercholesterolemia, chronic pain syndrome, and migraine. The current request is for the medications dispensed on 01/10/2014. However, there was no physician progress report submitted on the requesting date. The only clinical note submitted for this review is documented on 09/27/2013. The injured worker reported persistent triggering pain in the left upper back with ongoing migraines. The current medication regimen includes Topamax, Treximet, sumatriptan, Skelaxin, Cymbalta, tizanidine, Lunesta, gabapentin, Neurontin, and Norco, Celebrex, and tramadol. Physical examination revealed tenderness to palpation over the left scapula with visible spasm at the left lateral latissimus dorsi. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treximet 85/500MG DOS 1/10/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 67-72 Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain NSAIDs are recommended as a second line option after acetaminophen. Official Disability Guidelines state Triptans are recommended for migraine sufferers. As per the documentation submitted, the injured worker does maintain a diagnosis of migraine headaches. However, the injured worker has also utilized this medication for an unknown duration. The injured worker reported no change in the severity or quality of headaches. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

**Quetiapine Fumarate 50 mg DOS 1/10/14: 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) Mental Illness & Stress Chapter, Quetiapine (Seroquel).

**Decision rationale:** Official Disability Guidelines do not recommend Seroquel as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics. The injured worker does not maintain a diagnosis of a psychotic disorder. The medical necessity for the requested medication has not been established. There was also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

**Tizanidine HCL DOS 1/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 63-66 Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. The injured worker has utilized this medication for an unknown duration. Despite the ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm. There is also no frequency, strength or quantity listed in the current request. As such, the request is not medically necessary.

**Tramadol HCL 50mg DOS 1/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 74-82 Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioid should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication for an unknown duration. There was no documentation of objective functional improvement. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

**Gabapentin 600mg DOS 1/3/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 16-19 Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines state Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. There is no documentation of neuropathic pain upon physical examination. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

**Topiramate 200mg DOS 1/3/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 16-22 Page(s): 16-22.

**Decision rationale:** California MTUS Guidelines state Topamax has been shown to have variable efficacy with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anti-consultants fail. There is no documentation of neuropathic pain or a failure to respond to first line anti-consultants. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

**Celebrex 200mg DOS 1/3/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 67-72 Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and Ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.