

Case Number:	CM14-0043281		
Date Assigned:	06/20/2014	Date of Injury:	05/04/2006
Decision Date:	08/19/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/17/2014

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 Nevada. 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 59-year-old male who was reportedly injured on May 4, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 17, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and right shoulder pain. Current medications include Naproxen, Topiramate, Hydrocodone, Elavil, Cymbalta and Ambien. The physical examination demonstrated decreased cervical and lumbar spine range of motion. Trigger points and muscle tension was noted throughout the paraspinal musculature. There was decreased range of motion of the right shoulder and right wrist. Diagnostic imaging studies were not reviewed during this visit. A request was made for Topiramate, Hydrocodone, and Naproxen and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Topiramate 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18, 21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697012.html>.

Decision rationale: Topiramate is an anti-epilepsy medication sometimes used for neuropathic pain. According to the attached medical record it is unclear why the injured employee prescribed Topiramate was prescribed. According to the most recent progress note dated February 17, 2014, there are no neuropathic complaints nor are there any abnormal neurological findings found on physical examination. Furthermore the injured employee is already taking both Elavil and Cymbalta which are also currently prescribed for neuropathic pain. This request for Topiramate 50mg #120 is not medically necessary.

Retrospective Hydrocodone/APAP 7.5/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. [REDACTED] supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Hydrocodone/APAP 7.5/325mg #180 is not medically necessary.

Retrospective Naproxen 550mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 73.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines supports the use of anti-inflammatories such as Naproxen as a first-line agent for the management of chronic pain. According to the medical record the injured employee has chronic pain conditions of the neck, back, and right shoulder. This request for Naproxen 550mg #180 is medically necessary.