

Case Number:	CM14-0044949		
Date Assigned:	07/02/2014	Date of Injury:	01/15/2013
Decision Date:	08/20/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/12/2014

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 Family Medicine, and is licensed to practice in Utah. 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 patient is a 57 year-old female. The patient's date of injury is 01/15/2013. The mechanism of injury was described as a slip and fall, hitting her head on the corner of a table. The patient has been diagnosed with Carpal Tunnel Syndrome, headaches, myofascial pain syndrome, ulnar nerve entrapment, right S1 radiculopathy and essential tremors of the head elbow pain, and depression. The patient's treatments have included EMG/NCS, activity restrictions, x-rays, a home exercise and stretching program, relaxation techniques and medications. The physical exam findings, dated 3/10/2014 showed a 80% pain relief with her current medications. Her neck exam showed a restricted cervical and lumbar range of motion. There were several myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal muscles. Her grip was noted to be decreased at 4 of 5 in the right hand. The patient's medications have included, but are not limited to, Naproxen, Mirtazapine and Tramadol. The request is for Hydrocodone/APAP and Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325mg Q8H #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED - Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear why this medication was started when the patient was reporting significant pain relief from her previous pain medications. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted, up to 80%, but this was with the previous medications. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Hydrocodone/APAP is not indicated as medically necessary.

Topiramate 50mg BID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED - Topiramate Page(s): 21.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Topiramate. MTUS guidelines state the following: has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still consider for use in neuropathic pain when other anticonvulsants fail. The clinical documents do not state that the patient has taken other anticonvulsants and failed treatment. According to the clinical documentation provided and current MTUS guidelines; Topiramate is not indicated as medically necessary.