

<b>Case Number:</b>	CM14-0046421		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 & 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 58-year-old female who reported injuries due to cumulative trauma on 09/19/2007. On 07/23/2014, her complaints included neck pain that radiated to her head and bilaterally down her arms to her hands and fingers with spasms in her neck. She rated her pain at 7/10 and stated that Vicodin decreases the pain to 3/10. Her medications included Topamax 50 mg, Wellbutrin 150 mg, Flexeril 7.5 mg, Vicodin 5/325 mg, Protonix 20 mg, and Lidoderm patches 5%. Her diagnoses included discogenic condition of the neck with magnetic resonance imaging (MRI) showing disc disease at C5-6 status post transforaminal injection at C5-6 on the left, overall stable, associated with headaches, impingement syndrome of the shoulders bilaterally status post injection on the right. The MRI of the right shoulder showed tendinosis, epicondylitis medially bilaterally, carpal tunnel syndrome bilaterally with negative nerve studies, wrist joint inflammation bilaterally with MRI on the right side showing triangular fibrocartilage complex (TFCC) tear, degenerative disease along the base of the thumb on the right, radiocarpal joint degenerative changes, and a ganglion on the wrist, status post carpometacarpal (CMC) joint injection on the right once and CMC joint on the left being treated conservatively, strain along the ulnar collateral ligament of the thumb with laxity on the right side, depression, and weight gain. The rationale for the medications stated that she was using Vicodin to decrease her pain, Topamax for neuropathic pain and headaches, Wellbutrin for depression, and Protonix to treat stomach upset from taking medications. Requests for authorization for the braces dated 03/25/2014 and for the medications dated 06/12/2014 were included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs), Topiramate.

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

**Decision rationale:** The request for Topamax 50 mg #60 is not medically necessary. The California MTUS Guidelines recommend antiepileptic drugs for neuropathic pain. Most randomized control trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. Few randomized control trials were directed at central pain and none for painful radiculopathy. A good response for the use of AEDs has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction. During treatment there should be documentation pain relief and improvement in function as well as any side effects incurred. Continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy for neuropathic pain of central etiology. It may be considered for use for neuropathic pain when other anticonvulsants have failed. There was no documentation in this worker's chart of quantifiable efficacy of Topamax in pain reduction or functional improvement nor was there documentation of any side effects. Furthermore, there were no records submitted of previously failed trialed with other first line anticonvulsant agents. Additionally, there was no frequency of administration included in the request. Therefore, the request for Topamax 50 mg #60 is not medically necessary.

**Wellbutrin 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Wellbutrin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (for chronic pain) Page(s): 13-16.

**Decision rationale:** The request for Wellbutrin 150 mg #60 is not medically necessary. The California MTUS Guidelines recommend antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological status. Side effects, including excessive sedation, especially that which would affect work performance, should also be assessed. Long-term effectiveness of antidepressants has not been established. Wellbutrin, a second-generation non-tricyclic antidepressant, has been shown to be effective in relieving neuropathic pain of different etiologies. There is no evidence of efficacy in patients with non-neuropathic chronic low back

pain. The submitted documentation did not include any assessment of treatment efficacy including pain outcomes, assessment of increased function, or reduction of other analgesic medications, sleep quality, psychological status or side effects. Additionally, the request did not include frequency of administration. Therefore, this request for Wellbutrin 150 mg #60 is not medically necessary.

**Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The request for Protonix 20 mg #60 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Protonix, may be recommended but clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors. Factors determining if the patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID use. Protonix is prescribed for gastroesophageal reflux disease (GERD) and high levels of acid in the stomach. The injured worker does not meet any of the qualifying criteria for risk for gastrointestinal events. Therefore, the request is not supported by the evidence-based guidelines. Additionally, the request failed to include the frequency of administration. Therefore, the request for Protonix 20 mg #60 is not medically necessary.

**Vicodin 5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Vicodin 5 mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including, documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical information submitted for review failed to provide a detailed pain assessment showing objective evidence of efficacy in terms of quantifiable pain relief and functional improvement with the use of Vicodin. There was no documentation in the submitted chart to attest to appropriate long-term monitoring evaluations including psychosocial assessment, side effects, and failed trials of NSAIDs, aspirin, antidepressants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Without the frequency, morphine equivalency dosage cannot be calculated. Therefore, the request for Vicodin 5 mg #60 is not medically necessary.

**One (1) soft and rigid brace for the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

**Decision rationale:** The request for one soft and rigid brace for the left upper extremity is not medically necessary. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use for example, could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. There was no documentation of quantifiable functional limitations for the left upper extremity to establish a baseline to determine the efficacy of a brace. Furthermore, there was no documentation of attempts of physical therapy, chiropractic, acupuncture, or other conservative methods to decrease pain and improve functional ability of the upper extremity. Furthermore, there is no rationale to establish medical necessity for the requested brace. Therefore, the request for one soft and rigid brace for the left upper extremity is not medically necessary.