

Case Number:	CM14-0051178		
Date Assigned:	07/07/2014	Date of Injury:	04/07/2011
Decision Date:	08/12/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old male with a reported date of injury on 04/07/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic cervicalgia, cervical degenerative disc disease, cervical radiculitis with motor findings suggestive of C7 motor radiculopathy, and mild right carpal tunnel syndrome. His previous treatments were noted to include medications and physical therapy. The progress note dated 03/13/2014 revealed the injured worker complained of increased neck pain and radicular symptoms to his right upper extremity. The injured worker indicated he did not feel the medications were covering his pain adequately as the Norco only seemed to benefit him for about 2 to 3 hours at a time. The injured worker noted approximately 30% reduction in his pain with Norco, although the benefit was relatively short lived. The injured worker previously noted approximately 30% reduction in radicular symptoms in his right upper extremity with the Topamax, although since his pain had increased, he would estimate the benefit is about 20% now. The injured worker described his pain and radicular symptoms as approximately 7/10 to 8/10 in intensity without his medications at approximately 5/10 in intensity with his medications. The injured worker denied any significant side effects with the medications, including nausea, dizziness, sedation, or constipation. The physical examination of the upper extremities noted impingement testing of the right shoulder was equivocal, as it seemed to aggravate the injured worker's neck and trapezial region. The range of motion in both shoulders was within normal limits and supraspinatus motor testing was limited due to pain in the right shoulder. The physical examination of the cervical spine noted tenderness to palpation throughout the right cervical paraspinal region extending into the right trapezius. There were some spasms noted, as well, and tenderness at the mid and lower cervical spine. The Spurling maneuver was slightly positive on the right and range of motion of the cervical spine was slightly reduced in all planes, except for

lateral flexion which was moderately reduce bilaterally. The Request for Authorization form dated 02/12/2014 was for Norco 10/325 mg 1 four times a day as needed for pain and Topamax 25 mg 1 twice a day as needed for radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16.

Decision rationale: The injured worker has been utilizing this medication since at least 12/2013. According to Chronic Pain Medical Treatment Guidelines antiepilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized control trials for use of this class of medicine for neuropathic have been directed as postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The guidelines state Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of open "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. The injured worker indicated the Topamax was giving him a 20% pain relief and his radicular symptoms were increasing. Therefore, due to the lack of documentation regarding efficacy and improved function with the utilization of this medication, Topamax is not warranted at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: . The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated the Norco gave him 30% reduction in his pain for 2 to 3 hours and described his pain as 7-8/10 without

medications and 5/10 with medications. The injured worker denied side effects with the use of this medication. There is a lack of documentation indicating the injured worker has not shown any aberrant drug taking behaviors and it is unclear as to whether the injured worker has had consistent urine drug screen and when the last test was performed. Therefore, despite the evidence of significant pain relief and the absence of adverse effects, without details regarding improved functional status and urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary and appropriate.