

Case Number:	CM14-0057389		
Date Assigned:	07/09/2014	Date of Injury:	03/30/2004
Decision Date:	10/14/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 45 year-old female who was reportedly injured on 3/30/2004. The mechanism of injury is listed as a trip and fall. The most recent progress note dated 3/18/2014, indicates that there are ongoing complaints of headaches, neck pain, shoulder pain and low back pain. Current medications include Oxycontin, Norco, Soma and Topamax. Pain is rated at 10/10 without medications and 7/10 with medications. The injured employee also states she has 50% functional improvement while taking medication. Physical examination demonstrated limited cervical/lumbar spine range of motion; cervical compression causes right-sided neck/shoulder pain; tenderness to right cervical paraspinal & trapezius muscles; motor strength, sensation and deep tendon reflexes remain grossly intact in the upper extremities; altered sensory loss to right lateral calf and bottom of foot; deep tendon reflexes are +1 at knees/ankles. Plain radiographs and CT scan of the cervical spine demonstrated solid fusion at C6- C7, with two ProDisc-C disk replacements present at C4-C5 and C5-C6 without subsidence or loosening. Magnetic resonance image (MRI) lumbar spine dated 4/4/2013 demonstrated retrolisthesis, mild canal stenosis and mild to moderate bilateral foraminal narrowing at L5-S1, with a minimal right L5 pedicle edema/stress reaction. MRI of the right wrist dated 3/8/2014 demonstrated mild extensor carpi ulnaris tendinopathy with mild increase signal intensity present in the median nerve. Previous treatment includes an ACDF at C6-C7 and artificial disk replacement at C4-C5 & C5-C6, right shoulder surgeries on 10/18/2012 and 1/24/2014, lumbar medial branch blocks, physical therapy and medications to include Oxycontin, Norco, Soma, Topamax and Voltaren gel. A request had been made for Norco 10/325 mg #180, and Topamax 100 mg #60, which was partially, certified for Norco #49, and Topamax #34 in the utilization review on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at 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 progress note dated March 18, 2014, indicates that there is an objective improvement with this medication and 50% improvement in the ability to function. No abnormal side effects were noted. As such, this request for Norco 10/325 is medically necessary.

Topamax 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21.

Decision rationale: California Medical Treatment utilization schedule guidelines support the use of anticonvulsants in the treatment of neuropathic pain, but note that Topamax may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anti-convulsants have been trialed. Furthermore, there is no objective clinical documentation of ongoing neuropathic or radicular pain. As such, the request is not considered medically necessary.