MAXIMUS Federal Services

Case Number:	CM14-0080004		
Date Assigned:	07/18/2014	Date of Injury:	02/27/2013
Decision Date:	09/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine 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 filed a claim on February 27, 2013 with chronic pain syndrome, chronic shoulder pain, and chronic costochondral pain reportedly associated with an industrial injury.The applicant has been treated with the following: Analgesic medications, attorney representation, a TENS unit, adjuvant medications and muscle relaxants. On the Utilization Review Report dated May 27, 2014, the claims administrator failed to approve the request for Topiramate, Naproxen, Cyclobenzaprine, and TENS pads on the grounds that the attending provider had reportedly failed to outline any tangible improvement with these medications. The applicant's attorney subsequently appealed. In a medical status report dated June 3, 2014, the applicant's primary treating provider stated that the applicant had originally injured his left-sided rib cage and left arm but that the applicant had later alleged development of right shoulder and right upper extremity pain secondary to compensating for the originally injured body part. On March 17, 2014, the attending provider furnished the applicant with prescriptions for Naproxen, Cyclobenzaprine, Topiramate, and TENS unit electrodes via a form containing preprinted checkboxes. A progress note on March 13, 2014, is notable for comments that the applicant reported pain ranging from 2/10 to 9/10. The applicant's pain worsened with activity and exercises, including home exercises. There was decreased shoulder range of motion appreciated. The applicant was placed off of work, on total temporary disability, while heat therapy, Naproxen, Topamax, Flexeril, Menthoderm, and TENS unit pads were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 7 and 21.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, page 21 does tepidly endorse usage of Topiramate for neuropathic pain when other anticonvulsants fail. The MTUS Chronic Pain Medical Treatment Guidelines, page 7 states the attending provider's choice of pharmacotherapy must be based on the type of pain to be treated.In this case, however, there is no clear evidence of neuropathy pain, nor is there any evidence that other neuropathic medications have been trialed and/or failed before Topiramate was considered. The applicant appears to have mechanical rib and shoulder pain. The attending provider did not outline why (or if) he believed that the applicant's pain was of neuropathic in nature, nor did he establish that other anticonvulsants have been trialed and/or failed before Topiramate was considered. Therefore, the request for Topiramate 50mg quantity 60 is not medically necessary and appropriate.

Naproxen 550mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 7 and 22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, page 22 does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic rib and shoulder pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The applicant reports heightened pain with activities, including home exercises, despite ongoing usage of Naproxen. All of the above, taken together, suggest a lack of functional improvement as per the MTUS guidelines, despite ongoing usage of Naproxen. Therefore, Naproxen 550mg quantity 60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, page 41, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. IIn this case, the applicant is using a variety of other analgesic and adjuvant medications, including Naproxen and Topiramate. Therefore, adding Cyclobenzaprine 7.5mg quantity 30 is not medically necessary and appropriate.

TENS pads x 2 pair: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, page 116, the provision of TENS unit supplies and/or purchase of the device itself beyond an initial one-month trial should be predicated on a favorable outcome in terms of both pain relief and function during said one-month trial. In this case, however, there has been no concrete or tangible evidence of functional improvement as defined in the MTUS guidelines despite ongoing usage of the TENS unit. The applicant remains off of work, on total temporary disability, and remains reliant and dependent on numerous oral and topical medications. It does not appear that ongoing usage of the TENS unit has been successful. Therefore, the request for TENS pads x 2 pairs is not medically necessary and appropriate.