MAXIMUS Federal Services

Case Number:	CM14-0090868		
Date Assigned:	07/25/2014	Date of Injury:	01/30/2004
Decision Date:	09/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Arizona. 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:

Patient is a 54 year old female with a date of injury on 1/30/2004. Diagnoses include lateral elbow epicondylitis, cervical radiculitis, carpal tunnel syndrome, and myofascial pain. The patient is status post-surgery for bilateral epicondylitis release in 2006 and 2007 and right epicondylitis surgery again in 2011. Subjective complaints are of increasing right upper extremity pain and numbness, increased anxiety, and mood not improving. Pain was rated at 9-10/10. Physical exam shows tenderness to the cervical region and upper extremities. Medications include Norco, Zoloft, Celebrex, omeprazole, Topamax, and Docuprene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg Qty. 87.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug listHydrocodone/acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily

living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines including urine drug screening, attempts at weaning, and ongoing efficacy of medication. Submitted records do not show improvement with this medication, but rather demonstrated continued severe pain and increasing symptoms. For this patient, there is no demonstrated improvement in pain or function from long-term use. Therefore, the medical necessity for Norco is not established at this time.

Topamax tablets 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) page 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTIC DRUGS Page(s): 21.

Decision rationale: CA MTUS recommend that Topamax be considered for use for neuropathic pain when other anticonvulsants fail. There is no documentation that the patient has failed a trial of first line anticonvulsants. Therefore, the medical necessity of Topamax is not established.