

Case Number:	CM13-0042914		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2009
Decision Date:	03/06/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 sustained a work related injury on November 7, 2009, involving a motor vehicle accident, with pain and discomfort in the neck and both elbows. The injured worker's conservative treatments were noted to have included stretching exercises, physical therapy, epidural steroid injections, trigger point injections, and oral medications. The Pain Management consultation visit dated September 23, 2013, noted the injured worker with complaints of neck pain with associated cervicogenic headaches aggravated by any type of bending, twisting, or turning, and difficulty sleeping. The injured worker reported the pain as a 4 on a 0-10 pain scale, manageable on the current medication regimen. Physical examination was noted to show cervical spine tenderness in the posterior cervical musculature and suboccipital region, tenderness in the medial scapular region, with obvious swelling of an unknown etiology in the trapezius muscle at the base of the neck. Examination of the lumbar spine was noted to show some tenderness in the lumbar musculature on the left with a slight antalgic gait. A cervical MRI dated August 31, 2010, was noted to show a 2-3mm broad based annular bulge at C5-C6, and 1mm central bulges at C2-C3, C3-C4, and C4-C5. An electrodiagnostic study performed on June 28, 2010, revealed a mild left carpal tunnel syndrome. The diagnoses were listed as cervical myoligamentous sprain/strain, cervical facet joint syndrome, and lumbar myoligamentous sprain/strain. The Physician administered four trigger point injections. The Physician requested authorization for Ambien 10mg every hour of sleep #30, Topamax 25mg one tab twice a day #60, Remeron 15mg one to two tabs every hour of sleep #120, and Norco 10/325mg four times a day #240. On October 9, 2013, Utilization Review evaluated the request for Ambien 10mg every hour of sleep

#30, Topamax 25mg one tab twice a day #60, Remeron 15mg one to two tabs every hour of sleep #120, and Norco 10/325mg four times a day #240, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines. The UR Physician noted that based on the clinical information submitted for the review and using evidence-based, peer-reviewed guidelines, the requests for Topamax 25mg one tab twice a day #60, and Remeron 15mg one to two tabs every hour of sleep #120 were non-certified. The UR Physician noted that based on the clinical information submitted for the review and using evidence-based, peer-reviewed guidelines modification of the Norco to 10/325mg four times a day #120 with no refills, and the Ambien modified to 10mg by mouth every hour of sleep as needed #15 with no refills was recommended. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg QHS #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. See the official disability guidelines for details. In this case, the injured workers working diagnoses are cervical myoligamentous sprain/strain; cervical facet joint syndrome; and lumbar myoligamentous sprain/strain. The documentation did not contain evidence of neuropathic signs or symptoms. Subjectively the injured worker had neck pain with cervicogenic headaches. Objectively, there was cervical spine tenderness to palpation in the posterior musculature and tenderness in the lumbar musculature on the left. The documentation indicates Ambien was first prescribed as far back as May 29, 2013. Although the injured worker has subjective complaints of insomnia, the treating physician does not address insomnia in an objective way. There is no documentation indicating objective functional improvement with Ambien use. Additionally the treating physician has exceeded the recommended guidelines for short-term (7 to 10 days) use of Ambien. Consequently, absent clinical documentation to support the ongoing use of Ambien in contravention of the recommended guidelines, Ambien 10 mg one tablet QHS #30 is not medically necessary.

TOPAMAX 25MG 1 TAB 2 TIMES A DAY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AED) Page(s): 16-18.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Topamax 25 mg one PO BID #60 is not medically necessary. Topamax is an AED. AEDs are recommended for neuropathic pain. A good response to the use of AED's has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Topamax has variable efficacy with failure to demonstrate efficacy in neuropathic pain of a central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the injured worker's working diagnoses are cervical myoligamentous sprain/strain; cervical facet joint syndrome; and lumbar myoligamentous sprain/strain. The documentation did not contain evidence of neuropathic signs or symptoms. Subjectively, the injured worker had neck pain with cervicogenic headaches. Objectively, there was cervical spine tenderness to palpation in the posterior musculature and tenderness in the lumbar musculature on the left. Topamax has been used by the injured worker as far back as April 17, 2012. The documentation does not contain evidence of objective functional improvement associated with the ongoing use of Topamax. There are no pain assessments in the medical record. Consequently, absent clinical documentation to support the ongoing use of Topamax with objective functional improvement, Topamax 25 mg one PO BID #60 is not medically necessary.

NORCO 10/325 MG 4 TIMES A DAY #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Norco 10/325mg one tablet four times a day #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on those goals. In this case, the injured worker's working diagnoses are cervical myoligamentous sprain/strain; cervical facet joint syndrome; and lumbar myoligamentous sprain/strain. The documentation did not contain evidence of neuropathic signs or symptoms. Subjectively the injured worker had neck pain with cervicogenic headaches. Objectively, there was cervical spine tenderness to palpation in the posterior musculature and tenderness in the lumbar musculature on the left. Norco has been used by the injured worker as far back as April 17, 2012. The documentation does not contain evidence of objective functional improvement associated with Norco use. There are no pain assessments or risk assessments in the record. The injured worker has a VAS score of 4/10. Consequently, absent clinical documentation to support the ongoing use of Norco with objective

functional improvement, Norco 10/325 mg one tablet four times a day #240 is not medically necessary.

REMERON 15MG ONE TO TWO TABS Q.H.S. #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Pain section, antidepressants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Remeron (mirtazapine) 15mg 1 to 2 tablet QHS #120 is not medically necessary. Remeron is an SSRI. Antidepressants, however, are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. See the guidelines for additional details. SSRIs are controversial based on controlled trials. In this case, the injured worker's working diagnoses are cervical myoligamentous sprain/strain; cervical facet joint syndrome; and lumbar myoligamentous sprain/strain. The documentation did not contain evidence of neuropathic signs or symptoms. Subjectively the injured worker had neck pain with cervicogenic headaches. Objectively, there was cervical spine tenderness to palpation in the posterior musculature and tenderness in the lumbar musculature on the left. Remeron is an antidepressant indicated for depression and as a first-line agent for neuropathic pain. The documentation indicates Remeron is being used for difficulty sleeping. The treating physician does not document insomnia as a diagnosis. Remeron has been used by the injured worker as far back as April 17, 2012. Additionally, the documentation does not indicate objective functional improvement (is the drug working) for the sleeping difficulties. Consequently, absent clinical documentation to support the ongoing use of Remeron, Remeron 15 mg 1 to 2 tablets QHS #120 is not medically necessary.