MAXIMUS Federal Services

Case Number:	CM14-0186985		
Date Assigned:	11/17/2014	Date of Injury:	07/11/1997
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Ohio. 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 54-year-old female with a date of injury of July 11, 1997. She had a twisting/jerking type of injury that resulted in neck, left shoulder, and back pain. Diagnoses include rotator cuff tendinopathy, shoulder joint pain, left sided carpal tunnel syndrome, cervical spine osteoarthritis, cervical radiculopathy, brachial neuritis, and adhesive capsulitis. The physical exam reveals tenderness to palpation of the left shoulder with reduced range of motion. There is cervical spine tenderness and spasm and dysesthesias of the left C6-C7 region of the left hand. She has had a left shoulder cortisone injection which was moderately helpful and medial branch blocks of the cervical spine at C3, C4, and C5 which was also helpful for roughly 3 weeks. She has been treated with a variety of opioids including transdermal fentanyl, MS Contin, methadone, and hydrocodone (Norco). Her pain levels are generally in the 6-8/10 range, primarily of the left shoulder. She is employed with semi-sedentary restrictions which have not changed since 2012. Topamax has been prescribed for numbness and tingling of the left shoulder. The Norco 10/325 mg has been twice modified in terms of quantity; most recently on October 20, 2014 the approved quantity was #17 in place of the #90 requested. The Topamax was recently not certified because of a lack of demonstrable improvement as a consequence.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for norco 10/325mg #90: Upheld

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

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

Decision rationale: Those prescribed opioids chronically should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Typical questions for the patient regarding their opioids include time required for analgesia from taking the medication, duration of analgesia the medication, least amount of pain, worst pain levels, and average pain levels. Opioids are said to be appropriate if the injured worker has regained employment or has improvements in pain and functionality as a consequence.In this instance, the injured worker's pain levels have not fluctuated much since 2012. The progress notes do not reflect actual pain relief specific to Norco. There has been no functional change since 2012. For these reasons, the request for Norco has been twice modified to lesser quantities. A review from an orthopedic surgeon from 2013 stated quite clearly that this injured worker should not be on any medication stronger than NSAIDs. Consequently, Norco10/325mg #90 was not medically necessary.

1 Prescription for topiramate 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-22.

Decision rationale: Anti-epilepsy drugs are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. AEDs are associated with teratogenicity, so they must be used with caution in woman of childbearing age. Topiramate (Topamax, generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail.In this instance, the injured worker has been prescribed topiramate since at least August 2012. There have been no documented reductions in the severity or character of her presumed neuropathic pain. She was previously prescribed 50 mg of topiramate 3 times a day and was unable to achieve meaningful improvement and ultimately felt that she was developing anxiety symptoms as a consequence. There is no documentation

provided that there has been an adequate trial of other anticonvulsants such as gabapentin. Consequently, topiramate 25mg #60 was not medically necessary.