

Case Number:	CM14-0190181		
Date Assigned:	11/20/2014	Date of Injury:	02/16/2010
Decision Date:	01/08/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 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:

This is a 38 year old female patient who sustained a work related injury on 2/10/10. The exact mechanism of injury was not specified in the records provided. The current diagnoses include cervical myoligamentous injury with right upper extremity radiculopathy. Per the doctor's note dated 10/27/14, patient has complaints of neck pain with associated cervicogenic headaches, and radicular symptoms to her right upper extremity. A physical examination of the cervical region revealed tenderness to palpation in the posterior cervical spine musculature, multiple trigger points, limited range of motion, 1+ reflexes, and 5/5 strength. The current medication list includes Duragesic, Roxicodone, Prozac, Soma, Topamax, Prilosec, and Imitrex. The patient has had a CT myelogram on July 28, 2014, which revealed 2-mm disc protrusions at C4-5 and C5-6 with associated facet arthropathy; Thoracic spine x-rays reveal a Medtronic paddle spanning T10 to T12; Lumbar spine CT myelogram on July 28, 2014 that revealed a 3-mm disc protrusion at L5-S1 with moderate to severe left foraminal stenosis and mild right foraminal stenosis. The patient's surgical history include Spinal cord stimulator placement; numerous right foot and ankle surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Roxycodone 15mg #120 is not established for this patient.

Duragesic 50mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Duragesic (fentanyl transdermal system) Fentanyl Page(s): 75-.

Decision rationale: According to MTUS guidelines Duragesic "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines Duragesic is "not recommended as a first-line therapy. ...The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." In addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not

specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Duragesic 50mcg #15 is not established for this patient.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Skeletal muscle relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 10/02/14 Antispasticity Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), and Muscle Relaxants, Carisoprodol (Soma) Page(s): 29, 63.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. The California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. The patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 02/10/10. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement, therefore the medical necessity of Soma 350mg #90 is not established for this patient.

Topamax 200mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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

Decision rationale: Topiramate is an antiepileptic drug. According to MTUS guidelines antiepileptic drugs are "Topiramate (Topamax, no 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." The patient has a diagnosis of cervical radiculopathy. On exam she has decreased reflexes and decreased ROM of the cervical spine. The MRI of the cervical spine shows objective evidence of disc protrusions with significant foraminal stenosis. Use of Topamax is medically appropriate and necessary in this patient with chronic pain with neurological symptoms. The request for Topamax 200mg #90 is medically necessary for this patient.