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| <b>Case Number:</b>   | CM14-0196171 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 09/19/2007 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 11/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 58 years old female patient who sustained an injury on 9/19/2007. The current diagnoses include cervical disc disease, bilateral shoulder impingement syndrome, bilateral epicondylitis, carpal tunnel syndrome bilaterally with negative electro diagnostic study, wrist pain and chronic pain syndrome. Per the doctor's note dated 10/22/2014, she had complaints of low back pain with radiation to the legs, anxiety and depression, neck pain, mid back pain, shoulder pain and wrist pain. The physical examination revealed tenderness along the cervical, thoracic and lumbar paraspinal muscles bilaterally, pain in the right shoulder, rotator cuff and bicep tendon, pain along medial and lateral epicondyle bilaterally as well as wrist, carpometacarpal and first extensor bilaterally. The medications list includes Norco, Wellbutrin, Topamax and Protonix. She has had EMG/NCS in 2007 with negative results; cervical MRI which revealed C5-6 disc disease; MRI right wrist dated 10/8/2012 which revealed mild degenerative changes, TFCC tear and small ganglion cyst; MRI right shoulder dated 6/5/2013 which revealed moderate supraspinatus and mild infraspinatus and subscapularis tendinosis and circumferential labral degeneration. She had undergone injections to the shoulder, wrist and thumb for this injury. She has had physical therapy visits, cervical pillow and TENS unit for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 5/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/31/14) Opioids, criteria for use

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "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. The 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 and continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...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 the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines 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. A recent urine drug screen report is also not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 prescription of Norco 5/325mg #60 is not established and therefore not medically necessary.

**1 cervical pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Neck & Upper Back (updated 11/18/14) Pillow

**Decision rationale:** Per the cited guidelines regarding cervical pillow "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit". A detailed cervical spine examination is not specified in the records provided. The patient has had a cervical pillow in the past. Response to previous conservative therapy including physical therapy visits and the use of a cervical pillow for the

neck in the past is not specified in the records provided. The medical necessity of 1cervical pillow is not fully established for this patient. Therefore the request is not medically necessary.

**1 prescription of Wellbutrin 150mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

**Decision rationale:** Wellbutrin contains bupropion, an anti-depressant drug. According to CA MTUS guidelines cited below "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." Per the records provided patient had chronic pain, depression and anxiety. The request for 1 prescription of Wellbutrin 150mg #60 is medically necessary.

**1 prescription of Topamax 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Topiramate (Topamax, no generic available) Page(s): 16-17; 21.

**Decision rationale:** Topamax contains Topiramate which is an antiepileptic drug. According to MTUS guidelines antiepileptic drugs are "Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Any evidence of postherpetic neuralgia and painful polyneuropathy is not specified in the records provided. In addition per the cited guidelines "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." Response to first line anticonvulsants is not specified in the records provided. Per the records provided patient had normal electro diagnostic study. Objective finding and diagnostic study reports' supporting neuropathic pain is not specified in the records provided. The medical necessity of 1 prescription of Topamax 50mg #60 is not fully established for this patient.