

Case Number:	CM14-0197732		
Date Assigned:	12/08/2014	Date of Injury:	08/29/2001
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 45-year-old female who was injured on August 29, 2001. The patient continued to experience pain in her neck, left upper extremity, and left lower extremity. Physical examination was notable for hypersensitivity to light touch over the right wrist and tenderness over the metacarpophalangeal and wrist joints. Diagnoses included chronic regional pain syndrome of the left upper extremity and lumbar disc disease. Treatment included medications, spinal cord stimulator, sympathetic block, and epidural steroid injections. Requests for authorization for Ropinirole 0.25 mg #30, Amrix 15 mg #30, Butrans 10 mcg/hr, and Topamax 50 mg #120 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ropinirole 0.25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs for Parkinson's Disease Treatment Guidelines from The Medical Letter, November 1, 2013 (Issue 135) p. 101; Gabapentin Enacarbil (Horizant) for Restless Legs

Syndrome :The Medical Letter on Drugs and Therapeutics - September 5, 2011 (Issue 1372) p. 70

Decision rationale: Ropinirole is an oral non-ergot dopamine agonist, used in the treatment of Parkinson's disease and restless leg syndrome. Dopamine agonist can cause nausea, somnolence, lower-extremity edema, hallucinations, and postural hypo-tension, which may limit their use. In this case documentation in the medical record does not support the diagnosis of Parkinson's disease or restless leg syndrome. The request is not medically necessary.

Amrix 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Amrix is an extended release preparation of the muscle relaxant, cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient had been using Amrix since at least April 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary.

Butrans 10mcg/hr: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Buprenorphine

Decision rationale: Butrans is buprenorphine, an opioid medication, used trans dermally for treatment of chronic pain. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid

maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In this case documentation does not support that the patient has tried and failed treatment with other long-acting opioid medications. In addition it is documented that the patient is taking alternative long-acting opioids after the Butrans was discontinued. The request is not medically necessary.

Topamax 50mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Topiramate is an anticonvulsant medication, 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 case there is no documentation that the patient has failed treatment with other anticonvulsant therapy. The patient is also taking another anticonvulsant medication, Neurontin (gabapentin). Documentation in the medical record does not support the medical necessity for Topiramate. The request is not medically necessary.