

Case Number:	CM14-0216808		
Date Assigned:	01/06/2015	Date of Injury:	06/25/2009
Decision Date:	07/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on 6/25/09. She reported initial complaints of crush injury right foot, headache and neck pain. The injured worker was diagnosed as having chronic right foot pain-Osteoarthritis nerve pain; chronic right foot pain- myofascial pain syndrome; pain disorder with psychological and/or general medical condition; insomnia - persistent due to chronic pain; chronic neck pain- degenerative cervical spondylosis; chronic headaches - degenerative spondylosis. Treatment to date has included status post ACDF C6-7 (2/2013); status post spinal cord stimulator (SCS) placement trial (2/2013);status post L3 laminectomy for Dural repair resulting from SCS trial (2012); Status post right popliteal nerve block (6/18/14 and 7/2/14 and 7/30/14); urine drug screening; medications
Diagnostics included MRI cervical spine without contrast (11/21/14); x-rays right ankle 3 views (7/9/14); MRI right ankle 7/25/14). Currently, the PR-2 notes dated 12/2/14 indicated the injured worker complains of chronic pain in the right foot, headache and neck pain due to a crush injury to the right foot and degenerative spondylosis of the cervical spine. The provider notes she has not yet completed a course of behavioral medicine in the past. His notes also demonstrate she has partial pain relief with analgesic medication allowing her to maximize her level of physical function and improve her quality of life. The provider discusses the affective or emotional pain component that contributes to the chronic disabling pain symptoms and would like the behavioral medicine consultation to evaluation/treatment to be authorized. She has had right popliteal nerve blocks completed on 6/18/14 and 7/2/14 and 7/30/14. He has also requested a continuation of her medication regimen: Fentanyl Patch 12ug apply q 3 days #10; Fentanyl Patch

25ug apply q 3 days #10; Fioricet 1-2 Tab Q 4 HRS for headache #20; Imitrex 50mg 1-2 tabs OD #90; Norco 10/325mg 1-2 tabs q6 for pain #180 and Topamax 25mg 1-2 TAB BID for pain #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 12ug apply q 3 days #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for FENTANYL PATCH 12UG #10. RFA is not provided. Per 12/02/14 progress report, the patient is currently taking Fentanyl patch, Norco, Imitrex, Fioricet, and Topamax. The patient has been utilizing Fentanyl patch since at least 10/23/14. The patient underwent blood lab work on 10/27/14. Regarding work status, the treater states that "the patient remains off work until permanently." Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provides a general statement indicating that "medications help her maximize her level of physical function and improve her quality of life." But the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Norco 10/325mg 1-2 tabs q6 for pain #180: 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 Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for NORCO 10/325MG #180. RFA is not provided. Per 12/02/14 progress report, the patient is currently taking Fentanyl patch, Norco, Imitrex, Fioricet,

and Topamax The patient has been utilizing NORCO since 10/23/13. The patient underwent blood lab work on 10/27/14. Regarding work statue, the treater states that "the patient remains off work until permanently." Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater provides a general statement indicating that "medications help her maximize her level of physical function and improve her quality of life." But the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Imitrex 50mg 1-2 tabs OD #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, Imitrex-Sumatriptan and Triptans.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for IMITREX 50MG #90. RFA is not provided. Per 12/02/14 progress report, the patient is currently taking Fentanyl patch, Norco, Imitrex, Fioricet, and Topamax. Regarding work statue, the treater states that "the patient remains off work until permanently." MTUS does not specifically address this medication. ODG, Head Chapter, Imitrex-Sumatriptan and Triptans, states, "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." In this case, the patient started utilizing Imitrex prior to 12/02/14. There is documentation of this medication's efficacy, stating medications help her. The review of the reports indicates that the patient does have headaches. But the treater does not indicate they are migraine headaches. There is no documentation of migraine headaches typical presentation, aura, and intermittent nature. ODG guidelines recommend Imitrex for migraine sufferers. The request IS NOT medically necessary.

Fentanyl Patch 25ug apply q 3 days #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for FENTANYL PATCH 25UG #10. RFA is not provided. Per 12/02/14 progress report, the patient is currently taking Fentanyl patch, Norco, Imitrex, Fioricet, and Topamax. The patient has been utilizing Fentanyl patch since at least 10/23/14. The patient underwent blood lab work on 10/27/14. Regarding work status, the treater states that "the patient remains off work until permanently." Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provides a general statement indicating that "medications help her maximize her level of physical function and improve her quality of life." But the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Topamax 25mg 1-2 TAB BID for pain #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax); regarding antiepileptic drugs Medications for chronic pain MTUS Page(s): 21; 16, 17, 60.

Decision rationale: The patient was injured on 06/25/09 and presents with chronic pain in the right foot and neck. The request is for TOPAMAX 25 MG 1-2 TAB BID FOR PAIN #100. There is no RFA provided and the patient is on permanent disability. There is no indication of when the patient began taking this medication. Regarding topiramate (Topamax), MTUS Guidelines, page 21, states, "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy and neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. MTUS Guidelines, pages 16 and 17, regarding antiepileptic drugs for chronic pain, also states that, "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 for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy." The patient is diagnosed with chronic right foot pain-Osteoarthritis nerve pain; chronic right foot pain- myofascial pain syndrome; pain disorder with psychological and/or

general medical condition; insomnia - persistent due to chronic pain; chronic neck pain-degenerative cervical spondylosis; chronic headaches - degenerative spondylosis. MTUS Guidelines page 60 requires documentation of medication efficacy in terms of pain reduction and functional gains when used for chronic pain. In this case, there is no documentation of pain and functional improvement with the use of Topamax. Therefore, the requested Topamax IS NOT medically necessary.

Fioricet 1-2 Tab Q 4 HRS for headache #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for FIORICET #20. RFA is not provided. Per 12/02/14 progress report, the patient is currently taking Fentanyl patch, Norco, Imitrex, Fioricet, and Topamax. The patient underwent blood lab work on 10/27/14. Regarding work status, the treater states that "the patient remains off work until permanently." ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)', states that Fioricet is "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates." In this case, the patient started utilizing Fioricet prior to 12/02/14. There is documentation of this medication's efficacy, stating medications help her." The patient is suffering from chronic neck/lower back pain and headaches, and ODG guidelines do not recommend this medication in such cases due to high dependency. Fioricet is sometimes used for acute headaches, but not recommended due to a risk of overuse as well as rebound headaches. The IS NOT medically necessary.