

Case Number:	CM14-0041478		
Date Assigned:	06/30/2014	Date of Injury:	08/29/2011
Decision Date:	01/26/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old male with an injury date of 08/29/11. Based on the 03/25/14 progress report, the patient complains of neck pain with headaches. Pain rated at 6-7/10. The range of motion of cervical spine is mildly decreased due to pain. There is moderate tenderness of the posterior cervical spine and paraspinals with mild paravertebral muscle tightness. Myofascial test shows trigger points with taut bands in the posterior cervical paraspinals. Plain films of the cervical spine showed endplate degeneration at C6-7, straightening of the cervical lordosis. Plain films of the thoracic spine showed mild osteopenia multilevel endplate spurring. EMG/NCS showed bilateral carpal tunnel syndrome (CTS) and left ulnar neuropathy at the elbow. The patient had left elbow fracture surgery history. (Plain film, EMG/NCS, and surgery dates were not given.) The diagnoses include following: 1. Head injury Nos2. Brachial/cervical neuritis Nos possible3. Chronic pain syndrome4. Sprain of neck5. Post-trauma headache Nos. The patient is modified work status with specific restrictions. According to 01/14/14 report, the treater noted that the patient has not responded much with PT and medications and recommended acupuncture treatment. Per 03/06/14 report, the pain rated at 5/10. The patient is to continue with acupuncture treatments and the medications are Tramadol, Elavil, Lidoderm, and Ibuprofen. On the very next report 3/25/14, the treater indicates that the patient is not taking any medications. The treating physician is requesting Tramadol 50mg #60 with 1 refill and Topamax 25mg #30 with 1 refill per 03/25/14 report. The utilization review determination being challenged is dated 04/03/14. The requesting physician provided treatment reports from 01/25/13-03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60 with 1 refill: 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): 88-89; 76-78.

Decision rationale: This patient presents with neck pain with headaches. The request is for Tramadol 50mg #60 with 1 refill. Review of the reports shows the patient has been taking this medication since 12/17/13 report. MTUS Guidelines pages 88 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, activities of daily living (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 does not address the four A's including analgesia with the use of before and after pain scales; specific ADL's to show significant functional improvement; adverse effects and aberrant drug behavior monitoring such as urine toxicology, CURES, etc. No outcome measures were provided either as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

1 prescription of Topamax 25mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax Antiepilepsy Drugs (AEDs) Page(s): 21; 16-17.

Decision rationale: This patient presents with neck pain with headaches. The request is for Topamax 25mg #30 with 1 refill. Review of the reports does not mention prior use of this medication. Per 1/14/14, the patient has not responded to use of other medications and physical therapy. MTUS Guidelines, page 21, states, "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." MTUS Guidelines, pages 16-17, regarding Antiepilepsy drugs, states that recommended for neuropathic 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...or (2) combination therapy if treatment with a single drug agent fails." The guideline recommends this medication for neuropathic pain when other agents fail. In this patient, there is no clear documentation of

neuropathic pain. While one of the diagnoses is that of brachial neuritis, the patient does not present with any arm symptoms. Furthermore, the treater does not specifically address why this medication is being prescribed. The request is not medically necessary.