

<b>Case Number:</b>	CM15-0009796		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 49 year old female who sustained an industrial related injury on 1/23/09. The injured worker had complaints of headaches and a low back injury. Treatment included a L3-4 fusion on 9/16/14. Prescriptions included Norco, Phenergan, Pristiq, Tizanidine, Topiramate, and Zomig. Diagnoses included degeneration of cervical intervertebral disc, chronic pain syndrome, anxiety, and depressive disorder. The treating physician requested authorization for Phenargan 25mg #30, Topiramate 25mg #120, and Norco 10/325mg #240. On 1/14/15 the requests were non-certified. Regarding Phenargan, the utilization review (UR) physician noted there was no indication for the medication based on the medical records provided. Regarding Topiramate, the UR physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted clinical documentation had not been submitted to support the use of this medication. Regarding Norco, the UR physician cited the MTUS guidelines and noted pain was noted to be 10/10 while taking this medication therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenargan 25mg, quantity: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013. Pain Chapter, Promethazine (Phenergan)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter for Antiemetics -for opioid nausea

**Decision rationale:** The patient presents with lower back pain, cervical pain, and headache rated 10/10 with medications. The patient's date of injury is 01/23/09. Patient is status post L3-L4 lumbar fusion on 09/16/14. The request is for PHENERGAN 25MG QTY: 30. The RFA for this request was not provided. Physical examination dated 12/17/14 reveals tenderness to palpation of the lumbar paraspinal muscles, tenderness to palpation of the cervical paraspinal muscles, a palpable trapezius spasm, and exacerbation of headache complaint upon palpation of greater occipital nerve. The patient is currently prescribed Ativan, Lasix, Neurontin, Norco, Phenergan, Pristiq, Tizanidine, Topiramate, and Zomig. Diagnostic imaging was not included. Patient is temporarily totally disabled. ODG-TWC guidelines, Pain chapter for Antiemetics -for opioid nausea- states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for." In regards to the request for Phenergan for the management of this patient's opioid-induced nausea, guidelines do not recommend antiemetics for nausea secondary to chronic opioid use. Progress reports provided indicate that this patient has been receiving Norco since at least 09/12/14, though no descriptions of nausea or other GI associated symptoms are provided in this or the subsequent reports. Owing to a lack of guideline support for the use of this medication to control nausea secondary to chronic opioid use, necessity cannot be established. The request IS NOT medically necessary.

**Topiramate 25mg, quantity: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21, 78-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic drugs Topiramate -Topamax Page(s): 16-17, 21.

**Decision rationale:** The patient presents with lower back pain, cervical pain, and headache rated 10/10 with medications. The patient's date of injury is 01/23/09. Patient is status post L3-L4 lumbar fusion on 09/16/14. The request is for TOPIRAMATE 25MG QUANTITY: 120. The RFA for this request was not provided. Physical examination dated 12/17/14 reveals tenderness to palpation of the lumbar paraspinal muscles, tenderness to palpation of the cervical paraspinal muscles, a palpable trapezius spasm, and exacerbation of headache complaint upon palpation of greater occipital nerve. The patient is currently prescribed Ativan, Lasix, Neurontin, Norco, Phenergan, Pristiq, Tizanidine, Topiramate, and Zomig. Diagnostic imaging was not included.

Patient is temporarily totally disabled. Regarding Topiramate -Topamax-, MTUS Guidelines page 21 states "Topiramate 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 have failed." MTUS Guidelines page 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 had been directed at postherpetic neuralgia and painful polyneuropathy." In regards to the request for Topiramate, treater has not provided a reason for the request. Progress reports indicate that this patient has been taking another AED, Gabapentin, since at least 09/12/14, though the subsequent progress notes 12/17/14 and 01/23/15 still rate the patient's pain at 10/10. It appears that the treater initiated Topiramate in addition to Gabapentin on 12/17/14, as of 01/23/15 progress note both are still being utilized. The records provided have not documented a rationale for the concurrent utilization of both Topamax and Gabapentin, nor a documented reduction in pain attributed to these medications. Therefore, this request IS NOT medically necessary.

**Norco 10/325mg, quantity: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 21, 78-92.

**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 lower back pain, cervical pain, and headache rated 10/10 with medications. The patient's date of injury is 01/23/09. Patient is status post L3-L4 lumbar fusion on 09/16/14. The request is for NORCO 10/325 MG QUANTITY: 240. The RFA for this request was not provided. Physical examination dated 12/17/14 reveals tenderness to palpation of the lumbar paraspinal muscles, tenderness to palpation of the cervical paraspinal muscles, a palpable trapezius spasm, and exacerbation of headache complaint upon palpation of greater occipital nerve. The patient is currently prescribed Ativan, Lasix, Neurontin, Norco, Phenergan, Pristiq, Tizanidine, Topiramate, and Zomig. Diagnostic imaging was not included. Patient is temporarily totally disabled. MTUS Guidelines pages 88 through 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, 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, duration of pain relief. In regards to the request for Norco, the treater has not documented adequate analgesia attributed to justify continuing this medication. Progress notes dated 12/17/14 and 01/23/15 indicate a VAS score of 10/10 with medications. The same progress notes also state: "Pt continues to have benefit from medication treatment plan that includes pain control and increased function, however pain level is not adequately controlled using current medication." Such conflicting statements do not satisfy the 4A's as required by MTUS. Therefore, this request IS NOT medically necessary.