

Case Number:	CM15-0135570		
Date Assigned:	07/23/2015	Date of Injury:	01/20/2012
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on January 20, 2012. Treatment to date has included cervical medial branch block, cervical epidural steroid injection, physical therapy, MRI of the cervical spine and medications. Currently, the injured worker complains of neck pain and headache. He rates his pain a 6 on a 10-point scale with the use of pain medications and an 8 on a 10-point scale without the use of medications. He reports that the pain interferes with his sleep. He notes that without his medications he cannot function or perform activities of daily living. An MRI of the cervical spine on January 13, 2015 revealed degenerative disc disease between C5 and T1 with small annular bulges causing no significant stenosis. On physical examination the injured worker reports spasm, tenderness and tightness over the lumbar spine. A lumbar facet loading tests is positive bilaterally. He has spasms and tenderness to palpation over the right occiput and right posterolateral aspect of the neck. His cervical spine range of motion is decreased and he has pain with all end ranges of motion. He has right cervical facet loading and tenderness to palpation over the occiput and posterior head. The diagnoses associated with the request include cervical pain, occipital neuralgia, post-concussion syndrome and migraine. The treatment plan includes Norco, Topamax, Ibuprofen, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg 1 PO BID #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: The claimant sustained a work-related injury in January 2012 and continues to be treated for neck pain and headaches. Medications are referenced as decreasing pain from 8/10 to 6/10. Without medications, the claimant is unable to sleep or perform activities of daily living. When seen, he was fatigued, in mild distress, and had moderate pain. There was decreased and painful cervical range of motion with positive facet loading and muscle tenderness with spasms. Norco and Topamax were restarted. Topamax had recently been titrated from 25 mg to 50 mg two times per day in May 2015. Anti-epilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain and is also indicated for the prevention of migraine headaches. The dose being prescribed is within recommended guidelines and was medically necessary.

Norco 10/325mg 1/2-1 tab PO daily PRN #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale, pain, 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work-related injury in January 2012 and continues to be treated for neck pain and headaches. Medications are referenced as decreasing pain from 8/10 to 6/10. Without medications, the claimant is unable to sleep or perform activities of daily living. When seen, he was fatigued, in mild distress, and had moderate pain. There was decreased and painful cervical range of motion with positive facet loading and muscle tenderness with spasms. Norco and Topamax were restarted. The total MED (morphine equivalent dose) was 20 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing a level of decreased pain significant to the claimant and improving activities of daily living and sleep. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.