

Case Number:	CM15-0135721		
Date Assigned:	07/24/2015	Date of Injury:	01/03/2013
Decision Date:	09/30/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 40 year old female, who sustained an industrial injury on January 3, 2013. Treatment to date has included acupuncture therapy, diagnostic imaging, NSAIDS and opioid medications. Currently, the injured worker complains of neck stiffness with radiation of pain to the bilateral arms and weakness in the bilateral arms. She reports neck pain and notes that turning her neck worsens her pain. She describes her neck pain as aching, burning, sharp, shooting, tender, throbbing, tingling, numbness and soreness. She rates her neck pain a 7 on a 10-point scale. The injured worker reports hand and wrist pain. Her pain is located in the left dorsal wrist, the bilateral hands, and the right dorsal wrist. Activity worsens her hand and wrist pain and she rates her pain a 7-8 on a 10-point scale. She reports left elbow pain with associated weakness, numbness, popping, stiffness, swelling and throbbing. Range of motion of the left elbow elicits pain and she rates her left elbow pain a 5 on a 10-point scale. She has back pain and stiffness with radiation of pain to the bilateral lower extremities. She reports weakness in the bilateral lower extremities and rates her back pain a 7 on a 10-point scale. She has right shoulder pain which has associated aching, soreness, stiffness, stinging and swelling. She rates her right shoulder pain a 6-8 on a 10-point scale. The injured worker reports substantial benefit from the use of her pain medications. She reports 90% improvement in pain and has attempted to wean the medications with increased pain as the result. On physical examination the injured worker has tenderness to palpation over the cervical spine and lumbar spine. She has a positive straight leg raise on the left and right. She has findings for bilateral carpal tunnel syndrome and right shoulder impingement. The diagnoses associated with the request include cervicalgia, bilateral

arm-hand pain, bilateral shoulder pain and low back pain. The treatment plan includes Topiramate ER, acupuncture therapy, ibuprofen, Norco and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Urine drug screen dated 5/20/15 was negative for prescribed hydrocodone. While it is noted that the injured worker reported 90% improvement in pain, there was no documentation of an improvement in function or return to work. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Trokendi XR 25mg #30: Upheld

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 Antiepilepsy Drugs Page(s): 16, 21.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attila, 2006) (Wiffen-

Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) 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 (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Per MTUS CPMTG, "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." With regard to medication history, the injured worker has been using this medication since at least 7/2015. The documentation submitted for review contain no evidence of failure of first line anticonvulsant such as gabapentin or Pregabalin. There was no documentation of functional improvement with medication use, which is a criteria for the ongoing use of AED medications. As the MTUS guidelines consider Topiramate appropriate only after failure of first line medications, medical necessity cannot be affirmed.