

<b>Case Number:</b>	CM15-0136672		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	01/15/1999
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 63-year-old female, with a reported date of injury of 01-15-1999. The diagnoses include right shoulder rotator cuff strain with resultant subacromial bursitis and impingement; rotator cuff tendinosis; right shoulder scapular; bilateral carpal tunnel syndrome; high blood pressure; and major depressive disorder. Treatments and evaluation to date have included Elavil, Paxil (since at least 04-2010), Topamax (since at least 04-2010), Vicodin (since at least 04-2010), Xanax, and carpal tunnel release. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 03-18-2015 indicates that the injured worker presented for a follow-up evaluation of high blood pressure, diabetes, and difficulty swallowing. The difficulty swallowing was associated with cough, heartburn, hoarseness, nausea, and sore throat. It was noted that the injured worker had a history of depression. It was also noted that the injured worker had an upper gastrointestinal (GI) endoscopy on 09-15-2014 and an x-ray of the cervical spine on 09-04-2014. The physical examination showed an appropriate mood and affect, cooperative, an intact neurological exam, normal range of motion, normal strength, and a normal gait. The request for authorization was dated 05-06-2015. The treating physician requested Vicodin 325-7.5mg #120 with twelve refills, Topamax #60 with twelve refills, and Paxil 30mg #30 with twelve refills. On 06-19-2015, Utilization Review (UR) modified the request for Vicodin 325-7.5mg #120 with twelve refills to Vicodin 325-7.5mg #120 without refill, Topamax #60 with twelve refills to Topamax #60 with two refills, and Paxil 30mg #30 with twelve refills to Paxil 30mg #30 with two refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 325/7.5 #120 refills 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include:

- (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.
- (b) The lowest possible dose should be prescribed to improve pain and function.
- (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000)
- (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.
- (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.
- (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).
- (g) Continuing review of overall situation with regard to non-opioid means of pain control.
- (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Topamax #60 refills 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** The California MTUS section on Topamax states that the medication can be used in the treatment of neurogenic pain. However, it is not a first line agent and is only indicated if there is failure of first line anticonvulsant therapy for pain. This criterion is not met in the provided medical records. Therefore, the request is not medically necessary.

**Paxil 30mg #30 refills 12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, and Paxil.

**Decision rationale:** The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression. The patient does have symptomatic major depression disorder. Therefore, the request is medically necessary.