

Case Number:	CM15-0140520		
Date Assigned:	07/30/2015	Date of Injury:	04/07/2012
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on 4-07-2012, resulting from a car accident. The injured worker was diagnosed as having discogenic cervical condition with multilevel disc disease, nerve studies unremarkable for radiculopathy but positive for mild carpal tunnel syndrome bilaterally, thoracic and lumbar strain (mostly resolved), left knee sprain (mostly resolved), impingement of the shoulder, status post rotator cuff repair and labral repair, associated with some stiffness, and sleep issues due to chronic pain. Treatment to date has included diagnostics, physical therapy, home exercise, transcutaneous electrical nerve stimulation unit, acupuncture, right shoulder surgery 3-2014, cortisone injections, and medications. Urine toxicology (4-28-2015) was inconsistent with prescribed medications. The use of Topamax was noted since at least 4-2015. Currently, the injured worker complains of left knee symptoms and pain in his shoulder, neck, and mid and low back. Exam noted tenderness along the cervical paraspinal muscles, pain along the facets, and pain with facet loading of the cervical and lumbar spines. Abduction to about 140 degrees was noted in the right shoulder. The treatment plan included the continued use of Topamax for neuropathic pain and MR arthrogram of the right shoulder, due to persistent symptomatology, with two previous surgeries. His work status was modified and he was to continue work as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Magnetic Resonance Imaging (MRI). (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/MR Arthrogram Section.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. Per the ODG MR Arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. In this case, the injured worker has had a previous MR Arthrogram of the shoulder. He is diagnosed with impingement of the shoulder, status post rotator cuff repair and labral repair, associated with some stiffness, and sleep issues due to chronic pain. There have been no changes in signs or symptoms since the prior MRA and there is no indication that surgery is being considered. The request for MR arthrogram of the right shoulder is determined to not be medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants.

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

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be

documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Topamax 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. The clinical documentation shows that the injured worker has been taking Topamax since April 2015 without objective documentation of functional improvement. The request for Topamax 50mg #60 is determined to not be medically necessary.