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| Case Number: | CM15-0147254 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 05/15/2013 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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: New York

Certification(s)/Specialty: Anesthesiology

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 29 year old female who sustained an industrial injury on 05-15-2013. According to a progress report dated 06-18-2015, the injured worker reported that she wanted to start decreasing her hydrocodone use and temporarily increase her diazepam. She wanted to consider diclofenac cream as an adjunct. She had been trying to increase her exercise level but had been having some shortness of breath and wheezing. Allergies included Gabapentin, Tramadol and Trazodone. Medications included Dexilant, diazepam, hydrocodone-acetaminophen 5 mg-325 mg, Lyrica 200 mg, norethin-ethinyl estradiol-iron and topiramate. Past medical history was positive for gastroesophageal reflux disease and migraines. Review of systems was positive for hoarse voice, difficulty swallowing, chest pain on exertion, shortness of breath when walking, shortness of breath when lying down, change in appetite, muscle aches, muscle weakness, back pain, fatigue and urinary loss of control. Physical examination demonstrated no abnormal findings. Diagnoses included myalgia and myositis unspecified, headache and cervicalgia. The treatment plan included diazepam 5 mg 1 tablet twice a day as needed #60, hydrocodone-acetaminophen 5-325 mg 1 tablet every 6 hours as needed #120, topiramate 100 mg 1 tablet every day #30 and albuterol sulfate 90 mcg actuation aerosol inhaler 2 puffs every 4 hours by inhalation. Work status was not addressed. According to a letter dated 06-12-2015, the injured worker was off work. According to a progress report dated 07-02-2015, the injured worker was seen for a recheck of her low back pain. She reported that there were no changes since the last visit. She reported pain to the neck, upper back, lower back and more frequent headaches. She felt weakness in her legs which affected her ability to walk without

assistance of crutches or rails. She was under the care of a neurologist that recommended that she stop the neck and back brace which had been a struggle for her. Current pain level was 6-7 on a scale of 1-10. Pain was constant. Pain level in the morning was 6-7 and after taking Norco was reduced to 5 and lasted 4 hours. Muscle spasms were worse at night, and she reported significant relief with diazepam. Topiramate had been helpful in reducing the frequency of headaches and decreased her nerve pain. She was attempting stretches at home but reported that they were painful. Previously tried and failed pain medications included Naproxen and Motrin. She was temporarily totally disabled and unable to perform any work until 08-02-2015. Currently under review is the request for Diazepam 5 mg #60, Hydrocodone/Acetaminophen 5/325 mg #120, Topiramate 100 mg #30 and Albuterol Sulfate HFA 90 mcg/Actuation Aerosol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Benzodiazepines Page(s): 9, 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. CA MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative, hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, documentation shows long term use of diazepam which is not recommended by guidelines. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.

Hydrocodone/Acetaminophen 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, Long-term users of opioids, hydrocodone-acetaminophen Page(s): 9, 78, 88, 91.

Decision rationale: According to the CA MTUS and the ODG, Vicodin 5/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The documentation shows long term use of hydrocodone-acetaminophen. The injured worker reported on 06-18-2015 that she wanted to start decreasing her hydrocodone use. Functioning was not measured using a numerical scale or validated instrument, then compared to baseline. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Urine drug screens, showing compliance, were not submitted for review. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.

Topiramate 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Anti-epilepsy drugs (AED), Topiramate (Topamax) Page(s): 9, 16-17, 21.

Decision rationale: Topiramate (Topamax) is an anticonvulsant (anti-epilepsy) drug (AED). According to the CA MTUS and the ODG, AED's are recommended for neuropathic pain. 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. The choice of specific agents depends on the balance between effectiveness and adverse reactions. The guidelines cite the role of AEDs in the management of non-acute pain and chronic conditions such as, polyneuropathy, post-herpetic neuralgia, central pain, spinal cord injury, postoperative pain, migraine headaches, and chronic non-specific axial low back. 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 fail. In addition, among the pharmacological treatments for PTSD, there is evidence of moderate strength supporting the efficacy of Topiramate for improving PTSD symptoms. In this case, there is no documentation of evidence of improvement with its previous use. Medical necessity for Topiramate has not been established. The requested medication is not medically necessary. In this case, there was no documentation of a 30-50% reduction of pain with use of Topiramate. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for Topiramate has not been established. The requested medication is not medically necessary.

Albuterol Sulfate HFA 90mcg/Actuation Aerosol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Albuterol (Ventolin), Asthma Medications.

Decision rationale: Albuterol Sulfate HFA 90mcg/Actuation Aerosol is an inhaled short-acting beta2-agonist and belongs to a class of drugs known as bronchodilators. It is used to prevent and treat wheezing and shortness of breath (SOB) caused by breathing problems such as, asthma or chronic obstructive pulmonary disease. Albuterol is recommended as a first-line choice for asthma. In this case, it is unclear whether the symptoms of SOB with walking or lying down are due to a respiratory condition. There is no documentation of a proper evaluation of these symptoms. Medical necessity of the requested medication has not been established. The requested respiratory treatment is not medically necessary.