

Case Number:	CM15-0162505		
Date Assigned:	08/28/2015	Date of Injury:	02/28/2002
Decision Date:	10/09/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/18/2015

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: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 2-28-02. Initial complaint was of her left shoulder. The injured worker was diagnosed as having cervical displacement intervertebral disc without myelopathy; cervical spondylosis without myelopathy; closed dislocation of other site of shoulder; complete rupture of rotator cuff. Treatment to date has included chiropractic therapy; physical therapy; medications. Currently, the PR-2 notes dated 7-21-15 indicated the injured worker complains of pain in her neck and has experienced the pain for more than 10 years. She describes her pain as constant, deep, sharp, aching, cramping, hot-burning, and pins and needles. She has shooting pain in both arms and elbows. The pain radiates to the bilateral upper extremities, neck and head. Headaches are daily with visual disturbances and a feeling of pressure points along the cranium. She rates her pain on this day as 8 out of 10 and is made worse by changing positions, heat, increased activity, lifting, movement, sitting a long time, or standing a long time, turning side-to-side. He pain is better with medications. She is seen on this day for medications and follow-up. The provider documents a physical examination. He notes no change in her treatment plan and no referrals for her care at this time. The provider is requesting authorization of 1 prescription of Norco 10/325mg #120; 1 prescription of Duragesic patch 25mcg/hr #10 and 1 prescription of Topamax 200mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 46 year old patient complains of neck pain, rated at 8/10, radiating to bilateral upper extremities along with headaches and insomnia, as per progress report dated 07/21/15. The request is for 1 PRESCRIPTION OF NORCO 10/325mg #120. The RFA for this case is dated 07/29/15, and the patient's date of injury is 02/28/02. Diagnoses, as per progress report dated 06/19/15, included cervical intervertebral disc displacement, cervical spondylosis, closed dislocation of shoulder, and complete rupture of rotator cuff. Medications included Senna tablet, Voltaren gel, Lunesta, Duragesic patch, Gabapentin, Norco, Lexapro, Naprelan, Topamax, and Prestiq. Diagnoses, as per progress report dated 06/15/15, included lumbar strain/strain, cervical sprain/strain, and bilateral shoulder impingement syndrome. The patient is status post right shoulder surgeries on 11/15/03 and 02/17/10. The reports do not document the patient's work status. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, a prescription for Norco is first noted in progress report dated 03/26/12. It appears that the patient has taken the medication consistently since then. As per progress report dated 07/21/15, medications "allow for increased mobility and function, patient denies side effects or adverse reactions at this time." As per progress report dated 06/19/15, the patient undergoes UDS two times a year and CURES check 3 times a year. The treater, however, does not document a change in pain scale that demonstrates reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication in this patient. In fact, in progress report dated 04/28/15, the treater states her current directions for Norco 10/325 have been ineffective." In progress report dated 01/19/15, the patient reports, "Norco is not sufficient to allow for relief of the pain in her neck, arms, shoulders and hands." Additionally, no CURES and UDS reports are available for review. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Given the lack of efficacy, the request is not medically necessary.

1 prescription of Duragesic patch 25mcg/hr #10: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 46 year old patient complains of neck pain, rated at 8/10, radiating to bilateral upper extremities along with headaches and insomnia, as per progress report dated 07/21/15. The request is for 1 PRESCRIPTION OF DURAGESIC PATCH 25mcg/hr #10. The RFA for this case is dated 07/29/15, and the patient's date of injury is 02/28/02. Diagnoses, as per progress report dated 06/19/15, included cervical intervertebral disc displacement, cervical spondylosis, closed dislocation of shoulder, and complete rupture of rotator cuff. Medications included Senna tablet, Voltaren gel, Lunesta, Duragesic patch, Gabapentin, Norco, Lexapro, Naprelan, Topamax, and Prestiq. Diagnoses, as per progress report dated 06/15/15, included lumbar strain/strain, cervical sprain/strain, and bilateral shoulder impingement syndrome. The patient is status post right shoulder surgeries on 11/15/03 and 02/17/10. The reports do not document the patient's work status. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for Duragesic patch is first noted in progress report dated 08/05/09. It appears that the patch was discontinued for some time in the interim and restarted. As per progress report dated 07/21/15, medications, "allow for increased mobility and function, patient denies side effects or adverse reactions at this time." As per progress report dated 06/19/15, the patient undergoes UDS two times a year and CURES check 3 times a year. As per the same report, the patient is feeling a little drowsy since her Fentanyl patch was increased last month. There are no other side effects. The treater, however, does not discuss efficacy of the medication specifically. There is no documentation of change in pain scale that demonstrates reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication in this patient. No CURES and UDS reports are available for review. MTUS requires a clear documentation regarding impact of Duragesic patch on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.

1 prescription of Topamax 200mg #120: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The 46 year old patient complains of neck pain, rated at 8/10, radiating to bilateral upper extremities along with headaches and insomnia, as per progress report dated 07/21/15. The request is for 1 PRESCRIPTION OF TOPAMAX 200mg #120. The RFA for this case is dated 07/29/15, and the patient's date of injury is 02/28/02. Diagnoses, as per progress report dated 06/19/15, included cervical intervertebral disc displacement, cervical spondylosis, closed dislocation of shoulder, and complete rupture of rotator cuff. Medications included Senna tablet, Voltaren gel, Lunesta, Duragesic patch, Gabapentin, Norco, Lexapro, Naprelan, Topamax, and Prestiq. Diagnoses, as per progress report dated 06/15/15, included lumbar strain/strain, cervical sprain/strain, and bilateral shoulder impingement syndrome. The patient is status post right shoulder surgeries on 11/15/03 and 02/17/10. The reports do not document the patient's work status. MTUS Guidelines Chronic Pain Medical Treatment Guidelines 2009, page 21 Topiramate (Topamax) section states, "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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states that 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 for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy. In this case, a prescription for Topamax is first noted in progress report dated 08/05/09. It appears that the patient has been taking the medication consistently since then. As per progress report dated 07/21/15, medications allow for increased mobility and function, patient denies side effects or adverse reactions at this time. However, there is no specific diagnosis of neuropathic pain. Additionally, MTUS does not support the use of Topiramate for neuropathic pain unless other anticonvulsants have failed. Since there is no such indication in the available progress reports, the request is not medically necessary.

1 prescription of Lexapro 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Escitalopram (Lexapro) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter under Escitalopram, Mental Illness and Stress chapter under Antidepressants for treatment of MDD.

Decision rationale: The 46 year old patient complains of neck pain, rated at 8/10, radiating to bilateral upper extremities along with headaches and insomnia, as per progress report dated

07/21/15. The request is for 1 PRESCRIPTION OF LEXAPRO 20mg #60 WITH 3 REFILLS. The RFA for this case is dated 07/29/15, and the patient's date of injury is 02/28/02. Diagnoses, as per progress report dated 06/19/15, included cervical intervertebral disc displacement, cervical spondylosis, closed dislocation of shoulder, and complete rupture of rotator cuff. Medications included Senna tablet, Voltaren gel, Lunesta, Duragesic patch, Gabapentin, Norco, Lexapro, Naprelan, Topamax and Prestiq. Diagnoses, as per progress report dated 06/15/15, included lumbar strain/strain, cervical sprain/strain, and bilateral shoulder impingement syndrome. The patient is status post right shoulder surgeries on 11/15/03 and 02/17/10. The reports do not document the patient's work status. MTUS Guidelines are silent on Escitalopram specifically. ODG Guidelines Mental Illness and Stress chapter under Escitalopram (Lexapro) states: Recommended as a first-line treatment option for MDD and PTSD. ODG Guidelines Mental Illness and Stress chapter under Antidepressants for treatment of MDD (major depressive disorder) state: Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. In this case, Lexapro is first noted in AME report dated 05/03/13. None of the recent reports, however, document the efficacy of the medication and its impact on the patient's symptoms. Additionally, there is no diagnosis of major depressive disorder or PTSD for which Lexapro is indicated by ODG. Hence, the request is not medically necessary.