MAXIMUS Federal Services

Case Number:	CM15-0163133		
Date Assigned:	08/31/2015	Date of Injury:	01/29/2007
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This injured worker is a 48 year old female who reported an industrial injury on 1-29-2007. Her diagnoses, and or impressions, were noted to include: left thoracic outlet syndrome, neurovascular in nature; left winged scapula; cervicogenic headaches; left upper extremity sympathetically-mediated pain; left brachial plexus decompression (10-6-10); left chiari I malformation, symptomatic; Xerostomia, secondary to chronic opiate use; temporal mandibular joint, left > right; and reactionary depression and anxiety with associated hyperventilation syndrome. No current imaging studies were noted. Her treatments were noted to include: diagnostic x-rays, magnetic resonance imaging studies, and electrodiagnostic studies; medication management with toxicology screenings; and rest from work. The progress notes of 7-29-2015 noted a reported Hospitalization on 7-16-2015 for seizure following an abrupt cessation of Topamax after this medication was denied, and resulting in a Neurology consultation; continued complaints of upper extremity pain typical of complex regional pain syndrome; a 40% relief of pain to her left face, neck trapezius muscles and left upper extremity with decreased paresthesia coverage, despite re-programming, from her spinal cord stimulator; the ability to decrease her oral pain medication despite the decrease in paresthesia coverage; and that she remained depressed and anxious over her significant functional limitations. Objective findings were noted to include: mild distress with some anxiety; guarded of her left upper extremity; positive and profound clicking and grinding on the left temporal mandibular joint; tenderness along the left cervical musculature, with point tenderness in the sub-occipital regions; positive Tinels at the left supra and infra-clavicular areas, with decreased range-of-motion; tenderness of the left shoulder

aggravated with general range-of-motion, with appreciated subluxation, limited range-of-motion; mild guarding with swelling of the left upper trapezius muscle; the inability to raise the left arm high; increased headache and tingling on the left, with goose-flesh, especially with palpation; obvious winged-scapula with arms out and against the wall, and does not go away when arms are put down; and decreased global sensation in the left upper extremity with Wartenberg pinwheel. The physician's requests for treatments were noted to include the continuation of Norco, Trazadone, Ativan and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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 48 year old patient complains of upper extremity pain typical of CRPS, and pain in face, neck, trapezius muscle, and left upper extremity, as per progress report dated 07/29/15. The request is for NORCO 10/325mg #90. There is no RFA for this case, and the patient's date of injury is 01/29/07. Diagnoses, as per progress report dated 07/29/15, included left thoracic outlet syndrome, left winged scapula, cervicogenic headaches, left upper extremity sympathetically-mediated pain, reactionary anxiety and depression, left Chiari I malformation, left upper extremity CRPS, Xerostomia, medication-induced gastritis, and TMJ pain. The patient is status post left brachial plexus decompression on 10/06/10, and status post spinal cord stimulator implantation on 05/06/14. Medications included Norco, Anaprox, Topamax, Trazodone, Prozac, Lidoderm patch, Ativan, Prilosec and Amitiza. The patient is permanent and stationary, as per the same progress report. 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 01/06/15, and the patient has been taking the medication consistently since then. It is not clear when the Norco was initiated. As per progress report dated 07/29/15, medications help her to be "as functional as possible. She is able to do

ADLs as well as assist in doing light household chores including cooking and cleaning with less pain." The common side effects of chronic opioid use is constipation, and the patient is using Colace for that. The patient has reduced Norco use by 50% in recent times. The treater also states "the patient is routinely monitored for 'at risk' behavior with random urine drug screen (UDT), CURES review, and the patient has signed opioid contract every six months." As per progress report dated 05/29/15, Norco provided 30-40% pain relief for five to six hours. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, the request appears reasonable and IS medically necessary.

Trazodone 100mg #60: 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 Official Disability Guidelines (ODG) Stress/mental chapter under Trazodone.

Decision rationale: The 48 year old patient complains of upper extremity pain typical of CRPS, and pain in face, neck, trapezius muscle, and left upper extremity, as per progress report dated 07/29/15. The request is for TRAZODONE 100mg #60. There is no RFA for this case, and the patient's date of injury is 01/29/07. Diagnoses, as per progress report dated 07/29/15, included left thoracic outlet syndrome, left winged scapula, cervicogenic headaches, left upper extremity sympathetically-mediated pain, reactionary anxiety and depression, left Chiari I malformation, left upper extremity CRPS, Xerostomia, medication-induced gastritis, and TMJ pain. The patient is status post left brachial plexus decompression on 10/06/10, and status post spinal cord stimulator implantation on 05/06/14. Medications included Norco, Anaprox, Topamax, Trazodone, Prozac, Lidoderm patch, Ativan, Prilosec and Amitiza. The patient is permanent and stationary, as per the same progress report. ODG Guidelines, stress/mental chapter under Trazodone, has the following to say "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, a prescription for Trazodone is first noted in progress report dated 01/06/15, and the patient has been taking the medication consistently since then. It is not clear when Trazodone was initiated. As per progress report dated 07/29/15, the patient has difficulty sleeping which is "significantly aided with the use of Trazodone." The medication "increases her ability to function the next day." The patient has also been diagnosed with reactionary depression. ODG supports the use of this medication in patients with insomnia and coexisting depression. Hence, the request IS medically necessary.

Ativan 1mg #60: 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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The 48 year old patient complains of upper extremity pain typical of CRPS, and pain in face, neck, trapezius muscle, and left upper extremity, as per progress report dated 07/29/15. The request is for ATIVAN 1mg #60. There is no RFA for this case, and the patient's date of injury is 01/29/07. Diagnoses, as per progress report dated 07/29/15, included left thoracic outlet syndrome, left winged scapula, cervicogenic headaches, left upper extremity sympathetically-mediated pain, reactionary anxiety and depression, left Chiari I malformation, left upper extremity CRPS, Xerostomia, medication-induced gastritis, and TMJ pain. The patient is status post left brachial plexus decompression on 10/06/10, and status post spinal cord stimulator implantation on 05/06/14. Medications included Norco, Anaprox, Topamax, Trazodone, Prozac, Lidoderm patch, Ativan, Prilosec and Amitiza. The patient is permanent and stationary, as per the same progress report. The MTUS Chronic Pain Medical Treatment Guidelines 2009, page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. As per progress report dated 07/29/15, the patient has been taking Ativan for years and it "increases her ability to function because of her anxiety which is much better controlled." While the patient appears to benefit from the medication, both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. Hence, this request for # 60 IS NOT medically necessary.

Topamax 100mg #60: 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 48 year old patient complains of upper extremity pain typical of CRPS, and pain in face, neck, trapezius muscle, and left upper extremity, as per progress report dated 07/29/15. The request is for TOPAMAX 100mg #60. There is no RFA for this case, and the patient's date of injury is 01/29/07. Diagnoses, as per progress report dated 07/29/15, included left thoracic outlet syndrome, left winged scapula, cervicogenic headaches, left upper extremity sympathetically-mediated pain, reactionary anxiety and depression, left Chiari I malformation, left upper extremity CRPS, Xerostomia, medication-induced gastritis, and TMJ pain. The patient is status post left brachial plexus decompression on 10/06/10, and status post spinal cord stimulator implantation on 05/06/14. Medications included Norco, Anaprox, Topamax, Trazodone, Prozac, Lidoderm patch, Ativan, Prilosec and Amitiza. The patient is permanent and stationary, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 21 and 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 01/06/15. It is not clear when this medication was initiated. As per progress report dated 07/29/15, acute discontinuation of Topamax led to a seizure and the patient had to go to an emergency room on 07/16/15. In the same report, the treater states "the patient absolutely requires Topamax for her neuropathic pain. When abruptly discontinued, she had seizures. The Topamax does help her increase function." While Topamax appears beneficial, MTUS does not support the use of this medication 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.