

Case Number:	CM15-0195637		
Date Assigned:	10/09/2015	Date of Injury:	08/25/2003
Decision Date:	11/24/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

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 50 year old male who sustained an industrial injury on 8-25-03. The diagnosis is noted as occipital neuralgia. In a visit note dated 8-20-15, the physician notes he is not able to fill all medications and is having increased headache and is unable to get out of bed or function to perform activities of daily living without the aid of pain medications. Objective findings are noted as a slowed gait, wide based assisted by a cane, tenderness at the rhomboids and trapezius, and tenderness over the bilateral greater occipital nerves. He is noted as ambulating with a walker, wearing a protective helmet at the office visit. It is noted that pain is decreased and made tolerable with the use of medications and he is able to be independent with activities of daily living and home chores without significant side effects. It is noted he has chronic pain which is being managed by medications, he submits to random urine drug screens, has a signed pain narcotics agreement on file and CURES is appropriate. Previous treatment includes physical therapy, home exercise program, aqua therapy, and medications. The plan is noted as continue Imitrex, continue Topamax 50mg twice a day for headache prophylaxis he "states the severity of his headache has decreased by 40%, continue Norco 5-325mg twice a day as needed for short acting pain relief due to increased pain x 8 weeks." He states his pain decreases from 10+ out of 10 to 3 out of 10 with medication and "notes it helps him to maintain his activity level riding his bicycle and walking once a week." The requested treatment of Norco 5-325mg #60 with 1 refill was modified to 1 prescription of Norco 5-325mg #48 and Topamax 50mg #60 with 1 refill was non-certified on 9-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 8-25-03. The medical records provided indicate the diagnosis of occipital neuralgia. Treatments have included Imitrex, Topamax 50mg, physical therapy, home exercise program, aqua therapy, and medications. The medical records provided for review do not indicate a medical necessity for Norco 5/325mg #60 with 1 refill. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The recommends that when used for greater than 6 months, pain and functional improvement be documented in numerical values and compared with baseline values. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using opioids at least since 06/2012 without documented evidence of improvement. Also, the medical records indicate the injured worker is not being monitored for pain, adverse effects, based on MTUS guidelines, neither are the pain and functional improvement values being compared with baseline. The request is not medically necessary.

Topamax 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 8-25-03. The medical records provided indicate the diagnosis of occipital neuralgia. Treatments have included Imitrex, Topamax 50mg, physical therapy, home exercise program, aqua therapy, and medications. The medical records provided for review do not indicate a medical necessity for Topamax 50mg #60 with 1 refill. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The MTUS states that "Topiramate (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 medical records indicate the injured worker has been receiving this medication at least since 06/2012, but with no documentation of failed treatment with other antiepilepsy drugs. The request is not medically necessary.