

Case Number:	CM15-0197342		
Date Assigned:	10/12/2015	Date of Injury:	03/30/2004
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/07/2015

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:

This is a 47 year old female with a date of injury of March 30, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, degeneration of cervical intervertebral disc, and degeneration of lumbar intervertebral disc, and right knee pain. Medical records dated July 2, 2015 indicate that the injured worker complained of severe neck pain, ongoing left shoulder pain, back pain radiating down the right leg, frequent falls, and pain rated at a level of 8 out of 10, 4 out of 10 at best and 10 out of 10 without medications. Records also indicate the injured worker reported a 50 percent reduction on pain and 50 percent functional improvement with activities of daily living with the medications. A progress note dated August 27, 2015 documented complaints similar to those reported on July 2, 2015. Per the treating physician (July 2, 2015), the employee has not returned to work. The physical exam dated July 2, 2015 reveals limited range of motion of the neck and back, altered sensory loss in the right lateral calf and bottom of the foot, ambulating with a slight limp, muscle rigidity with palpation suggesting spasm across the cervical paraspinal and cervical trapezius muscles, tenderness over the medial aspect of the right knee, painful patellar compression, tenderness in both subacromions, mildly limited range of motion of the bilateral arms, and some crepitus on circumduction passively in both shoulders. The progress note dated August 27, 2015 documented a physical examination that showed limited range of motion of the neck and back, absent right Achilles reflex, palpable spasm across the cervical paraspinal and cervical trapezius muscles, tenderness over the medial aspect of the right knee, painful patellar compression, mild crepitus on circumduction passively in both shoulders, and positive impingement signs bilaterally. Treatment has included right shoulder surgery, cervical

discectomy and fusion, and medications (Norco 10-325mg one to two tablets four times a day, Soma 350mg twice a day as needed, and Topamax 100mg twice a day since at least December of 2014). The treating physician documented (August 27, 2015) that the urine drug screens "Have been appropriate". The original utilization review (September 11, 2015) non-certified a request for Topamax 100mg #60 and partially certified a request for Norco 10-325mg #18 (original request for #240).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation National Guideline Clearing House.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic 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 antiepilepsy drugs has been defined as a 50 percent reduction in pain and a moderate response as a 30 percent reduction. It has been reported that a 30 percent 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 antiepilepsy 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 MTUS guidelines do not address the use of Topamax for Migraine prophylaxis, therefore, alternative guidelines were consulted. Per the National Guideline Clearing House, Topamax is recommended for migraine prophylaxis. In this case, the injured worker has a past history of migraine headaches but there is no current evidence of migraines in the clinical reports. Additionally, this medication has been recommended for weaning in previous reviews, therefore, the request for Topamax 100mg #60 is determined to not be medically necessary.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The maximum recommended daily dose of Norco is 60mg per day. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the use of Norco is reported to provide significant pain relief and functional improvement, however, this request for 240 tablets exceeds the recommended 60mg per day. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #240 is determined to not be medically necessary.