

Case Number:	CM15-0038765		
Date Assigned:	03/09/2015	Date of Injury:	04/24/1998
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 65-year-old female, who sustained an industrial injury on 4/24/1998. She has reported a fall from a three step ladder with injury to the right shoulder, neck associated with headaches. She is status post right shoulder arthroscopic surgery. The diagnoses have included subacromial bursitis with impingement, cervicgia with secondary headaches, and spinal stenosis. Treatment to date has included mediation therapy, steroid injection, physical therapy, ice, and home exercise. Currently, the IW complains of increased pain in the right shoulder. The physical examination from 2/2/15 documented crepitus in the right shoulder with tenderness with positive Hawkin's, Neer's signs and decreased adduction. The plan of care included a Magnetic Resonance Imaging (MRI) for questionable rotator cuff tear and medication therapy. On 3/2/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #120 and Lyrica 50MG #30, and Topamax 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 19, 21, 24, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines recommend ongoing monitoring of opioid use to include ensuring that prescriptions are coming from one prescriber and one pharmacy as well as assessing for efficacy, increased functionality, side effects, and signs of aberrant drug use. In this case, the last urine drug screen was over a year ago. Opioids are recommended for short-term use. The guidelines recommend weaning opioid medications prior to discontinuing them. Thus, the request for Norco 10/325 mg #90 is not medically necessary and appropriate.

Lyrica 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: Guidelines recommend Lyrica for treatment of diabetic neuropathy and postherpetic neuralgia. In this case, the patient does not have a current working diagnosis, which would support use of Lyrica. Thus, the request for Lyrica 50 mg #120 is not medically appropriate and necessary.

Topamax 25 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: Guidelines recommend Topamax for treatment of neuropathic pain when other anticonvulsants have failed. Although there is documentation of efficacy and increased function, there is no documentation of neuropathic pain nor failure of other anticonvulsant agents. The request for Topamax 25 mg is not medically necessary and appropriate.