

<b>Case Number:</b>	CM15-0045769		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/23/2003
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Florida, 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:

The injured worker is a 58-year-old female, with a reported date of injury of 12/23/2003. The diagnoses include low back pain, lumbar radiculopathy, neck pain, bilateral shoulder pain, opiate dependent pain, chronic pain syndrome, chronic headache, and right upper extremity reflex sympathetic dystrophy. Treatments to date have included oral medications and left hand surgery. The progress report dated 01/20/2015 indicates that the injured worker continued to report pain in the upper extremities and torso, with intermittent numbness to both hands. She also complained of headaches. She rated her pain 6-7 out of 10, but 3 out of 10 with medications. She reported relief from the acid reflux. The objective findings include mild distress while sitting in the chair, tenderness to palpation of the bilateral upper extremities, hypersensitivity to touch, and tenderness throughout range of motion. The treating physician requested Fentanyl patch 75mcg/hour #10; Norco 10/325mg #18; Topamax 300mg #30; Nexium 40mg #30; and Clonazepam 1mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 180 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Therefore, the request is not medically necessary.

**Fentanyl patch 75 mcg/hr, ten count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44. Decision based on Non-MTUS Citation [www.drugs.com/pro/duragesic.html](http://www.drugs.com/pro/duragesic.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

**Decision rationale:** In regards to opiates such as Fentanyl patches, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. That improvement must be objective, and not just subjective reports of pain improvement. Items such as other medicine reduction or elimination, improved work ability and improved activities of daily living are objective improvements not documented in this case. Therefore, the request is not medically necessary.

**Nexium 40 mg, thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-

dose ASA). Sufficient gastrointestinal risks are not noted in these records. Therefore, the request is not medically necessary.

**Clonazepam 1 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

**Decision rationale:** Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use 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. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. Therefore, the request is not medically necessary.

**Topamaz 300 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 17 of 127.

**Decision rationale:** The MTUS notes that for chronic non-specific axial low back pain, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs like Topamax. (Chou, 2007). There was one randomized controlled study that has investigated topiramate for chronic pain. (Muehlbacher, 2006) This study specifically stated that there were no other studies to evaluate the use of this medication for this condition. Patients in this study were excluded if they were taking opioids. No patient had undergone back surgery. Given the lack of study of this medicine for chronic pain, I would not supported an unstudied medicine for the claimant. Therefore, the request is not medically necessary.