

Case Number:	CM15-0046073		
Date Assigned:	03/18/2015	Date of Injury:	03/05/2003
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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:

The injured worker is a year old female, who sustained an industrial injury on 03/05/2003. She has reported subsequent neck, hand, wrist, shoulder and right upper extremity pain and was diagnosed with thoracic outlet syndrome of right upper extremity, rotator cuff strain on the right side, epicondylitis medially on the right side, carpal tunnel syndrome and chronic pain syndrome. Treatment to date has included oral and topical pain medication, application of heat and cold and surgery. In a progress note dated 01/14/2015, the injured worker complained of persistent headaches, neck pain, muscle spasms and stiffness. Objective findings were notable for tenderness of the cervical paraspinal muscles, trapezius, shoulder girdle and facets. The physician noted that Norco was being prescribed as well as Topamax for headaches and Gabapentin for neuropathic pain, which would be gradually weaned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: This patient has a date of injury of 03/05/03 and presents with persistent headaches, neck pain, muscle spasms and stiffness. The Request for Authorization is dated 11/12/14. The current request is for GABAPENTIN 600MG #30. The MTUS Guidelines has the following regarding Neurontin on page 18 and 19, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment of neuropathic pain." The patient has been using Gabapentin for her radicular symptoms that includes numbness and tingling that radiates into the right fingers. The treating physician has documented a decrease in pain with current medications that includes Gabapentin. This request IS medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 03/05/03 and presents with persistent headaches, neck pain, muscle spasms and stiffness. The Request for Authorization is dated 11/12/14. The current request is for NORCO 10/325MG #30. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been utilizing this medication since at least 09/24/14. According to progress report dated 09/24/14, the patient's pain decreases from 7/10 to 4-5/10 with the use of Norco. The patient is currently not work. She manages to do light cooking, laundry and sweeping the floor, but her mother does "a lot of chores for her." In this case, the treating physician has documented decrease in pain but there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. MTUS states that all the 4A's need to be addressed. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Topamax 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) antiepileptic drugs Page(s): 21, 16-17.

Decision rationale: This patient has a date of injury of 03/05/03 and presents with persistent headaches, neck pain, muscle spasms and stiffness. The Request for Authorization is dated 11/12/14. The current request is for TOPAMAX 50MG #120. According to MTUS Guidelines page 21, "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 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." This patient meets the criteria for Topamax, as he presents with radicular symptoms and the treating physician states that pain level is reduced from 10/10 to 4-5/10 with current medications. The requested Topamax IS medically necessary.