

Case Number:	CM15-0052503		
Date Assigned:	03/26/2015	Date of Injury:	12/04/2005
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51-year-old female, who sustained an industrial injury on 12/4/05. The injured worker has complaints of cervical, thoracic and lumbar regions of the spine and headaches. The diagnoses have included chronic pain syndrome; neck pain; cervical radiculopathy; pain in limb/arm; pain in joint, shoulder region; migraines and myalgia. The documentation on 1/28/15 noted that the injured worker was weaned off of the fentanyl patch and has been experiencing pronounced pain. Norco continues to be the main agent for pain control; topamax continues to be helpful in controlling headaches prophylactically along with fioricet for acute headaches. The request was for Norco, Topamex and fioricet patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120, 4x a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There is no mention of Tylenol failure. Recent notes indicate a pain reduction from 10-7/10 with numerous medications of which the pain reduction attributed to Norco was cannot be quantified when the differential in pain magnitude is not substantial. The continued use of Norco is not medically necessary.

Topamax 100mg, 3-4 times a day with unspecified refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. In this case, the claimant had been on numerous topical and oral analgesics including opioids and barbiturates. There was no indication of failure of other anti-consultants. In addition, there is no mention of radiculopathy/neuropathy of central etiology on recent exam on 3/4/15. The request for continued Topamax is not medically necessary.

Fioricet patch 1.3% #60 every 12 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. The claimant does not have arthritis. The drug in question is Flector not Fioricet as labeled in the request. The claimant had been on other unknown topical creams and oral analgesics (opioids, Fioricet) at the same time. The Flector patch is not medically necessary.