

Case Number:	CM15-0065715		
Date Assigned:	04/23/2015	Date of Injury:	07/03/1990
Decision Date:	07/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic neck, shoulder, and ankle pain reportedly associated with an industrial injury of July 3, 1990. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve requests for Ativan, Topamax, Percocet, and misoprostol. The applicant's attorney subsequently appealed. In a March 12, 2015 appeal letter, the applicant personally wrote to appeal the denial. The applicant stated that her medications were ameliorating her quality of life. The applicant stated that she was using the medications for function. The applicant stated that she was using Ativan for debilitating headaches, sleep purposes, and/or to calm herself. The patient had undergone multiple unspecified shoulder surgeries, it was stated. The applicant continued to state in various sections of the note that her medications were beneficial. The applicant stated that Topamax had reduced the frequency of migraine headaches. The applicant stated that her various medications enabled her to reduce opioid usage. In a March 27, 2015 progress note, the applicant reported ongoing complaints of neck pain, ankle pain, and headaches. The attending provider stated that he was appealing the denial of the various medications now. The applicant was using Percocet at a rate of less than three tablets a week, Zoloft for depression and anxiety, Wellbutrin for chronic pain and depression, Relpax for migraines, Ativan for anxiety, Topamax for migraine prevention, and diclofenac/misoprostol (Arthrotec) for inflammatory pain. The gastrointestinal review of systems section of the note was, however, negative. There was no mention of the applicant's having a history of GI issues. Multiple medications were ultimately renewed. The applicant's work status was not stated, although it did not appear that the applicant was working. On February 11, 2015, the attending provider stated that ongoing usage of medications was attenuating the applicant's pain complaints to the mild to moderate level.

The attending provider acknowledged that the applicant's pain impacted various activities of daily living including bending, standing, twisting, etc. The attending provider nevertheless maintained that ongoing usage of Topamax had attenuated the applicant's migraine headaches. The applicant's work status, once again, was not detailed. It did not appear that the applicant was working, however. The attending provider again refilled Arthrotec but did not precisely state why he was prescribing the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #4 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Ativan (lorazepam), an anxiolytic medication, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, it appears that the attending provider and/or applicant were intent on using lorazepam (Ativan) for chronic, long-term, and daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

Topamax 25mg #23 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: Conversely, the request for Topamax, an anticonvulsant adjuvant medication, is medically necessary, medically appropriate, and indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into its choice of recommendations so as to ensure proper usage and to manage expectations. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is indicated in the treatment of neuropathic pain in applicants in whom other anticonvulsants fail, the MTUS does not address all indications for Topamax. The attending provider stated that Topamax is being employed to reduce the frequency of migraine headaches. The Food and Drug Administration (FDA) Medication Guide notes that topiramate or Topamax can be employed for migraine prophylaxis purposes in adults and adolescents of age 12 and older. Here, the attending provider stated on several occasions that ongoing usage of Topamax had reduced the frequency with which the applicant was experiencing migraine headaches. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Diclofenac 75mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Conversely, the request for Diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first line of treatment for various chronic pain conditions. This recommendation is, however, qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the applicant was seemingly off of work, despite ongoing Diclofenac usage. Ongoing usage of Diclofenac failed to curtail the applicant's benefit from opioid agents such as Percocet. While the attending provider did recount some reported reduction in pain scores affected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work. The attending provider failed to clearly document that the applicant's work status on the office visit in question, and the attending provider's commentary to the effect that the applicant's ability to perform activities as basic as lifting, twisting, sitting, standing, walking, and bending all remained limited, despite ongoing Diclofenac consumption. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Diclofenac. Therefore, the request is not medically necessary.

Misoprostol 0.2mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI protectant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Combination (NSAID/GI protectant): Arthrotec (diclofenac/ misoprostol) 50mg/200mcg 75mg/20mcg Page(s): 70-71.

Decision rationale: Finally, the request for misoprostol was likewise not medically necessary, medically appropriate, or indicated here. While pages 70 and 71 of the MTUS Chronic Pain Medical Treatment Guidelines do acknowledge that Arthrotec (AKA diclofenac/misoprostol) is indicated in the treatment of arthritis in applicants at high risk for developing NSAID-induced gastric or duodenal ulcers. Here, however, there was no mention of the applicant's being an individual at particularly high risk for development of peptic ulcer disease or gastric ulcer disease. The attending provider failed to furnish a compelling rationale for introduction, selection, and/or ongoing usage of diclofenac/misoprostol (Arthrotec) in favor of non-selective NSAIDs such as Motrin or Naprosyn. Therefore, the request is not medically necessary.