

Case Number:	CM15-0084242		
Date Assigned:	07/22/2015	Date of Injury:	03/24/1998
Decision Date:	09/17/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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, Michigan

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 male who sustained an industrial injury on 03/24/1998. Current diagnoses include complex regional pain syndrome, chronic pain syndrome, and depression. Previous treatments included medications, physical therapy, intercostal nerve block, and home stretching. Previous diagnostic studies include urine drug screening dated 06/26/2014. Initial injuries occurred when 3 boxes fell on the workers back and pressed his chest against a machine. He was diagnosed with a crush injury with blunt head trauma, bilateral pneumothoraces, and left subconjunctival hemorrhage. Report dated 03/18/2015 noted that the injured worker presented with complaints that included continued anterior thoracic and left sided thoracic pain. The pain also involves the chest, thoracic spine, and neck. Pain level was 7-8 (baseline pain) and 8-9 (worse pain) out of 10 on a visual analog scale (VAS). Current medications include Voltaren cream, Norco, Lidoderm patches, Prilosec, Topamax, Remeron, and Effexor. Physical examination was positive for allodynia and hyperpathia bilaterally throughout in the thoracic region. The treatment plan included recommending follow up with his general practitioner due to increased blood pressure, instructed to use a warm pool to exercise and ease pain, reviewed medications, refilled current medications and dispense as written (DAW) due to his sensitivity to generic medications, and follow up in one month. Submitted documentation supports that the injured worker has been prescribed the disputed medications since at least 02/05/2014. Disputed treatments include Norco #240, Prilosec 20mg daily, Lidoderm patches, Remeron 30mg daily, Voltaren cream #1, and Topamax 20mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (1) #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Also the prescription for Norco is dispense as written (DAW), the provider notes that the injured worker is sensitive to generic prescriptions, but a detailed evaluation as to what the sensitivities are was not provided. Furthermore there were no current urine drug screenings to support compliance with prescribed medications. Therefore the request for Norco (1) #240 is not medically necessary.

Prilosec 20mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The documentation provided did not indicate that the injured worker had gastrointestinal complaints, nor did it

indicate that the injured worker had cardiovascular disease. Therefore the request for Prilosec 20mg daily is not medically necessary.

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57 and 111-112.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. "Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended." The documentation submitted does not provide a detailed evaluation of the use of any first-line therapy medications referenced above, also the documentation provided did not support a diagnosis of neuropathic pain or post-herpetic neuralgia. Also the site of application was not provided. Therefore the request for Lidoderm patches is not medically necessary.

Remeron 30mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Antidepressants Page(s): 1, 13-16.

Decision rationale: The California MTUS has specific recommendations for antidepressants. "Mirtazipine (Remeron) is FDA approved for the treatment of depression and mood disorders. It is a noradrenergic and specific serotonergic antidepressant. It is also used off label for the treatment of obsessive compulsive disorder, social anxiety disorder, insomnia, post-traumatic stress disorder, low appetite and nausea. In this case, the documentation indicates that the patient has depression and insomnia." Documentation supports that the injured worker has a diagnosis of depression. However the physician did not provide a detailed evaluation noting functional improvement with the use of this medication. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. Medical necessity for the requested item has not been established. The request for Remeron 30mg daily is not medically necessary.

Voltaren cream #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement, Topical analgesics Page(s): 1, 111-113.

Decision rationale: According to the California MTUS Guidelines, "Voltaren Gel 1% (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 g per day." The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits. Medical necessity for the requested topical cream has been not established. Also, the treating physician's request did not include the concentration, quantity, site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary. The requested Voltaren cream #1 is not medically necessary.

Topamax 20mg daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-18.

Decision rationale: According to the CA MTUS Anti-Epilepsy Drugs (AEDs) are considered a first-line treatment for neuropathic pain. 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 fail. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted do not support that the injured worker has been diagnosed with neuropathic pain. Also, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore the request for Topamax 20mg daily is not medically necessary.