

Case Number:	CM15-0088418		
Date Assigned:	05/12/2015	Date of Injury:	03/19/2010
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/07/2015

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, 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:

This is a 60 year old male patient, who sustained an industrial injury on 3/19/10. The diagnoses have included sprain and strain of unspecified site of shoulder; pain in joint involving shoulder region; pain in limb and shortness of breath. Per the doctor's note dated 5/19/2015, he had neck pain and paresthesias in the right upper extremity. The physical examination revealed cervical spine-paraspinous spasm and wearing a cervical collar; cervical facet tenderness on the left side, decreased range of motion of the bilateral shoulder; very mild scattered rhonchi in the left base, no wheezes or rales. The medications list includes ambien CR; allopurinol; colchicine; lisinopril; methocarbamol; acetaminophen/oxycodone; gabapentin; Percocet; topamax; xanax and zanaflex. He has undergone C5-7 fusion on 3/5/15. He has had cervical CT scan on 12/19/14, which revealed multilevel degenerative changes; cervical CT scan on 3/31/15 which revealed post operative changes; right shoulder CT scan on 3/31/15. He has had urine drug screen on 11/5/14. The request was for topamax 100mg #60 and ambien CR 12-5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) page 16-17 Topiramate (Topamax, no generic available), page 21.

Decision rationale: Request: Topamax 100mg #60. Topiramate is an antiepileptic drug. According to MTUS guidelines antiepileptic drugs are "Recommended for neuropathic pain (pain due to nerve damage). 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 (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Any evidence of postherpetic neuralgia and painful polyneuropathy is not specified in the records provided. In addition per the cited guidelines "Topiramate (Topamax, no generic available) 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." Failure of first line anticonvulsants like gabapentin and pregabalin is not specified in the records provided. The medical necessity of Topamax 100mg #60 is not fully established for this patient.

Ambien CR 12-5mg #30: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Zolpidem (Ambien).

Decision rationale: Request: Ambien CR 12-5mg #30. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien CR 12-5mg #30 is not fully established for this patient at this time.