

Case Number:	CM15-0232935		
Date Assigned:	12/08/2015	Date of Injury:	01/22/2009
Decision Date:	01/20/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	11/30/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 62 year old male, who sustained an industrial-work injury on 1-22-09. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, cervical radiculitis, migraine, major depression and anxiety. Treatment to date has included pain medication, Neurontin, Nortriptyline, Topamax since at least 1-10-14, Imitrex, Cambia, Trazadone, Norco since at least 10-1-15, physical therapy, psych care, epidural steroid injection (ESI) 6-17-15, physical therapy and other modalities. The urine drug test result dated 10-1-15 was inconsistent with the medication prescribed. Medical records dated 10-29-15 indicate that the injured worker complains of moderate to severe pain in the neck and headaches that affect all aspects of his life. He rates the pain 10 out of 10 on pain scale without medication and 6 out of 10 with medications. The pain in the neck radiates to the shoulders and neck. He reports numbness in the hands and stiffness of the neck. He reports feeling better with taking medications and is able to do light household chores and walk for short distances. The headaches continue to be a significant problem and frequent and intense with more than 16 headaches - migraines per month. The headaches are throbbing and associated with light and sound sensitivity, nausea and fatigue. Per the treating physician report dated 10-29-15 the injured worker has not returned to work. The physical exam dated from reveals cervical tenderness and spasm, limited range of motion and positive Spurling's test bilaterally. There is significant tenderness noted in the upper back muscles. There is limited range of motion in the right shoulder and acromioclavicular joint (AC) tenderness with positive Hawkin's sign. The sensory exam reveals decreased sensation to pinprick along the bilateral C6-7 levels in a dermatomal

distribution. The current medications included Fetzima, Latuda, Xanax, Trazadone, Omeprazole, Metformin, Lisinopril, Imitrex and Topamax. The physician indicates that the injured worker cannot take Non-steroidal anti-inflammatory drugs due to gastroesophageal reflux disease (GERD) and Barrett's esophagus. He cannot take Tramadol due to drug interaction with his multiple psychiatric medications. He is currently on Norco for more severe pain and will continue with Topamax for prophylaxis of the migraines. The request for authorization date was 11-5-15 and requested services included Norco 5-325mg #60 and Topamax 50mg #60. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The original Utilization review dated 11-17-15 non-certified the request for Norco 5-325mg #60 and Topamax 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and chronic pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 5/325mg # 60 is not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Topamax 50mg #60 is not medically necessary.