

Case Number:	CM14-0146167		
Date Assigned:	09/24/2014	Date of Injury:	03/07/2003
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year-old female, who sustained an injury on March 7, 2003. The mechanism of injury is not noted. Diagnostics have included: August 15, 2013 drug screen reported as showing positive for Tramadol; May 17, 2007 right shoulder MRI reported as showing supraspinatus tendinosis and surface fraying; May 20, 2014 urine drug test reported as showing positive for Oxazepam but negative for Tramadol. Treatments have included: medications, H-wave. The current diagnoses are: chronic shoulder pain, chronic neck pain. The stated purpose of the request for Topamax 100mg #60 was for neuropathic pain. The request for Topamax 100mg #60 was denied on August 26, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Prevacid 30mg #30 was for medication-induced GI upset. The request for Prevacid 30mg #30 was denied on August 26, 2014, citing a lack of documentation of concurrent use of NSAID's. The stated purpose of the request for Valium 10mg #60 was for spasms/pain. The request for Valium 10mg #60 was denied on August 26, 2014, noting that this mediation is not guideline-supported for long-term use. The stated purpose of the request for Ultram ER 150mg #60 was pain control. The request for Ultram ER 150mg #60 was denied on August 26, 2014, citing a lack of documentation of functional improvement and due to documented side effects. The stated purpose of the request for Lidocaine 4% patches #30 was for topical pain control. The request for Lidocaine 4% patches #30 was denied on August 26, 2014, citing a lack of documentation of functional improvement. Per the report dated July 15, 2014, the treating physician noted complaints of headache, neck and upper back pain, arm and shoulder pain, right arm tingling, GI upset helped with Prevacid but with periodic diarrhea, bloating and dry mouth. Exam findings included cervical muscle tenderness, right shoulder tenderness to palpation.

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 Anti-epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18,21.

Decision rationale: The requested Topamax 100mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and Topiramate is "considered for use of neuropathic pain when other anticonvulsants fail." The injured worker has headache, neck and upper back pain, arm and shoulder pain, right arm tingling, GI upset helped with Prevacid but with periodic diarrhea, bloating and dry mouth. The treating physician has documented cervical muscle tenderness, right shoulder tenderness to palpation. This medication has been prescribed since at least February 2014. The treating physician has not documented failed first-line therapy, nor derived symptomatic or functional improvement from use to date. The criteria noted above not having been met, Topamax 100mg #60 is not medically necessary.

Prevacid 30mg #30: 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: The requested Prevacid 30mg #30 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has headache, neck and upper back pain, arm and shoulder pain, right arm tingling, GI upset helped with Prevacid but with periodic diarrhea, bloating and dry mouth. The treating physician has documented cervical muscle tenderness, right shoulder tenderness to palpation. This medication has been prescribed since at least February 2014. This medication has been prescribed since at least February 2014. The treating physician has not documented concurrent

prescribing of NSAID's. The criteria noted above not having been met, Prevacid 30mg #30 is not medically necessary.

Valium 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Valium 10mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. "The injured worker has headache, neck and upper back pain, arm and shoulder pain, right arm tingling, GI upset helped with Prevacid but with periodic diarrhea, bloating and dry mouth. The treating physician has documented cervical muscle tenderness, right shoulder tenderness to palpation. This medication has been prescribed since at least February 2014. This medication has been prescribed since at least February 2014. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 10mg #60 is not medically necessary.

Ultram ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol Page(s): 78-80, 80-82, 113.

Decision rationale: The requested Ultram ER 150mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has headache, neck and upper back pain, arm and shoulder pain, right arm tingling, GI upset helped with Prevacid but with periodic diarrhea, bloating and dry mouth. The treating physician has documented cervical muscle tenderness, right shoulder tenderness to palpation. This medication has been prescribed since at least February 2014. This medication has been prescribed since at least February 2014. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Ultram ER 150mg #60 is not medically necessary.

Lidocaine 4% patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested Lidocaine 4% patches #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical Lidocaine may be recommended 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)". The injured worker has headache, neck and upper back pain, arm and shoulder pain, right arm tingling, GI upset helped with Prevacid but with periodic diarrhea, bloating and dry mouth. The treating physician has documented cervical muscle tenderness, right shoulder tenderness to palpation. This medication has been prescribed since at least February 2014. This medication has been prescribed since at least February 2014. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, nor documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine 4% patches #30 is not medically necessary.