MAXIMUS Federal Services

Case Number:	CM14-0147355		
Date Assigned:	09/15/2014	Date of Injury:	01/09/2003
Decision Date:	11/26/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational 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:

This is a 48-year-old female with a 1/9/03 date of injury; the mechanism of the injury was not described. The injured worker had implanted permanent spinal cord stimulator on 2/22/13. The injured worker was seen on 2/18/14 with complaints of continued total body pain, chronic fatigue, sleeping difficulties and right hand and right leg pain and weakness. The physical examination revealed marked weakness of the right hand and tenderness of the left knee. The injured worker was taking Fosamax, Lyrica, Sentram, Tramadol, Topical Tramadol, Flurbiprofen, Omeprazole and Clonopin. The injured worker was seen on 7/8/14 with complaints of pain, numbness and tingling in the left hand. Exam findings revealed diminished light touch sensation in the right shoulder. The diagnosis is right upper extremity chronic regional pain syndrome, status post permanent spinal cord stimulator implantation, and Raynaud's syndrome. Treatment to date: medications.An adverse determination was received on 8/12/14. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is "considered for neuropathic pain when other anticonvulsants fail." There is a lack of documentation indicating for how long the injured worker was using Topamax and there is a lack of documentation with subjective or objective functional gains from the previous treatment. In addition, it is not clear if the injured worker tried and failed other anticonvulsants and there is no rationale with regards to the need for Topamax. Therefore, the request for Topamax 50mg #90 is not medically necessary.

Fosamax 70mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Bisphosphonates

Decision rationale: CA MTUS does not address Fosamax. The ODG guidelines state that "recommend treatment of bone resorption with bisphosphonate-type compounds as an option for patients with CRPS Type I." Not recommended for other chronic pain conditions. Significant improvement has been found in limited studies of intravenous Clodronate and intravenous Alendronate. Alendronate (Fosamax) given in oral doses of 40 mg a day (over an 8 week period) produced improvements in pain, pressure tolerance and joint mobility. The effects may potentially involve avenues other than inhibition of bone resorption. However, use has been associated with complications including osteonecrosis of the jaw and possible increased risk of long bone fractures including the femur. Bisphosphonates are a class of drugs that inhibit osteoclast action and the resorption of bone. The progress notes indicated that the injured worker was taking Fosamax at least from 2/18/14. However, there is a lack of documentation with subjective or objective functional gains from the previous treatment and there is clear rationale with regards to the need for Fosamax. Therefore, the request for Fosamax 70mg #4 is not medically necessary.

Procardia XL 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Procardia

Decision rationale: CA MTUS and ODG do not address this issue. FDA states that Procardia (Nifedipine) is an "antianginal drug belonging to a class of pharmacological agents, the calcium channel blockers." Procardia dilates the main coronary arteries and coronary arterioles, both in

normal and ischemic regions, and is a potent inhibitor of coronary artery spasm, whether spontaneous or ergonovine-induced. This property increases myocardial oxygen delivery in patients with coronary artery spasm, and is responsible for the effectiveness of Procardia in vasospastic (Prinzmetal's or variant) angina. There is a lack of documentation indicating for how long the injured worker was using Procardia and there is a lack of documentation with subjective or objective functional gains from the previous treatment. In addition, there is no rationale with regards to the need for Procardia. Therefore, the request for Procardia XL 30mg #30 is not medically necessary.

Lyrica 75mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: CA MTUS states that Lyrica has been "documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. The progress notes indicated that the injured worker was taking Lyrica at least from 2/18/14. However, there is a lack of documentation with subjective or objective functional gains from the previous treatment and there is no clear rationale with regards to the need for Lyrica. Therefore, the request for Lyrica 75mg #120 is not medically necessary.