

<b>Case Number:</b>	CM14-0161351		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Physical Medicine & Rehabilitation 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 50-year-old female who reported an injury on 12/19/2012. The mechanism of injury was not stated. The current diagnoses include left shoulder pain, small to moderate left subscapularis tear, small to moderate left superior glenoid labral tear, neck pain, cervical facetogenic pain, headaches, cervical discogenic pain, left C6 radiculitis, cervical spinal stenosis, history of C6-7 fusion on 04/24/2012, and chronic pain syndrome. The injured worker was evaluated on 06/23/2014 with complaints of persistent pain over multiple areas of the body. Previous conservative treatment is noted to include medications, physical therapy, and epidural steroid injections. The current medication regimen includes diclofenac, Robaxin, Lidoderm, Ambien, Wellbutrin, Allegra, amlodipine, Norco, methocarbamol, and Topamax. Physical examination revealed limited left shoulder range of motion, tenderness over the anterior rotator cuff insertion, positive left shoulder impingement sign, clicking sound with neck range of motion, tenderness to palpation in the occipital cervical paraspinals and upper trapezius, tenderness over the left C2-6 facet joints, normal motor strength in the upper extremities, decreased sensation in the left upper extremity and left hand, positive Spurling's maneuver bilaterally, and limited cervical range of motion. Treatment recommendations included continuation of the current medication. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Hydrocodone/APAP 5/325mg #60 on 6/23/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 74-82..

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement despite the ongoing use of Norco 5/325 mg. The injured worker has utilized this medication since at least 05/2014. There was no evidence of a failure to response to nonopioid analgesics. There was also no frequency listed in the request. As such, the request is not medically necessary.

**Retrospective request for Topiramate 50mg #60 on 6/23/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 16-22..

**Decision rationale:** California MTUS Guidelines state Topamax has been shown to have variable efficacy with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. There is no documentation of a failure to respond to first line anticonvulsants. There is also no frequency listed in the request. As such, the request is not medically necessary.