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| <b>Case Number:</b>   | CM14-0182038 |                              |            |
| <b>Date Assigned:</b> | 11/06/2014   | <b>Date of Injury:</b>       | 12/22/2002 |
| <b>Decision Date:</b> | 12/17/2014   | <b>UR Denial Date:</b>       | 10/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2014 |

### 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 and 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 underlying date of injury in this case is 12/22/2002. The date of the utilization review under appeal is 10/27/2014. On 10/10/2014, the patient was seen in primary treating physician follow-up regarding cervical pain with associated numbness and tingling in both arms and numbness in both legs and stiffness and pain and headaches. The treating physician felt the patient likely had capsule tears of the cervical and lumbar spine as well as multilevel discogenic changes in the thoracic and lumbar spine superimposed upon morbid obesity and moderate to severe bilateral carpal tunnel syndrome. The treating physician discussed basic principles of opioid management with the patient and recommended continuation of Arthrotec, Butrans, Cymbalta, and Topamax as well as radiofrequency neurolysis of the cervical spine at 2 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch, quantity of four:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management discusses the 4 A's of opioid management of page 78. The medical records in this case discuss largely subjective benefits of opioid medication but do not clearly discuss goals or benefits or indications consistent with these guidelines. This request is not medically necessary.

**Arthrotec 75 mg - 200 mcg, sixty count with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories and GI Symptoms Page(s): 68.

**Decision rationale:** This medication contains both an antiinflammatory medication and also misoprostol, a gastrointestinal protective agent. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications and gastrointestinal symptoms, page 68, states that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records do not contain such a discussion of the risk factors requiring gastrointestinal prophylaxis. Thus, it is not clear why the patient would require Arthrotec as opposed to a conventional antiinflammatory medication. This request is not medically necessary.

**Topamax 25 mg, 320 count with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 21.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepileptic medications, page 21, states regarding Topamax that this is considered for neuropathic pain when other first-line anticonvulsants fail. The medical records do not clearly provide details regarding trials or failure of alternative anticonvulsant medications. This request is not supported by the treatment guidelines. This request is not medically necessary.