

<b>Case Number:</b>	CM14-0092973		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old male who was injured on 6/17/2011 involving his right shoulder. He was diagnosed with cervicgia, right shoulder pain, and persistent cervicogenic headaches. He was treated with right shoulder surgery, physical therapy, modified activity, yoga, meditation, acupuncture, H-wave device, NSAIDs, opioids, Topamax (unknown indication), triptans, topical analgesics, and subacromial injection. He also attended a functional restoration program. On 5/8/14, the worker was seen by his primary treating physician complaining of continual neck pain with numbness and tingling in the arms and bilateral shoulder pain (his left shoulder pain started following a recent car accident). He rated his pain at 8/10 on the pain scale without medication and 7/10 with medication (Norco, Relafen, Topamax, Imitrex, and Biofreeze). Reportedly, the Topamax and Imitrex help his headaches. He also reported walking for 20 or so minutes daily and helping a "little bit" around the house. The worker also reported his medications causing sleepiness, but he was "able to push through without the Topamax." He was then recommended to continue his same medications as previously prescribed as well as recommended that he be even more active.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 50mg #60:** 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 Head Section, Triptans

**Decision rationale:** The MTUS is silent regarding triptans for the treatment of migraines. The Official Disability Guidelines (ODG), however, states that triptans are recommended for migraine sufferers as they are effective and well tolerated. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. In the case of this worker, he had been diagnosed with cervicogenic headaches and not migraines. If the worker has migraines, then there needs to be evidence of such and diagnosis codes to match, as triptans are not recommended for other causes of headaches. Therefore, the Imitrex is not medically necessary.

**Norco 5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using Norco for the treatment of his chronic pain. However, the above review was not sufficiently completed and documented. There was not any mention of functional benefit related to Norco use in the progress notes available for review. Therefore, the Norco is not medically necessary.

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head

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

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to

another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. Topamax, specifically, has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology, although commonly used for migraine headache as a preventative with some benefit. Topamax can be considered for neuropathic pain when other anticonvulsants fail. In the case of this worker, it seems as though the worker was prescribed this medication for his headaches which is generally not recommended as a standard use for this medication, according to the MTUS Guidelines. Also, there was no evidence that the worker's headaches were migraines. If the use was for neuropathic pain, there was not any evidence of trials of other anti-epileptic medications that had failed. Therefore, the Topamax is not medically necessary to continue, and may be adding excessive side effects (somnolence) in this worker.