

Case Number:	CM14-0213157		
Date Assigned:	12/30/2014	Date of Injury:	12/19/2012
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 woman with a date of injury of 12/19/12. She is status post left shoulder rotator arthroscopic repair with subacromial decompression, biceps tenodesis and superior labrum repair on 8/28/14. She was seen by her primary treating physician on 11/6/14 to reevaluate her neck, arm and shoulder pain. She had completed 8 visits of physical therapy and had improved shoulder mobility. Her pain was 9/10 without medications and 4/10 with medications. She was using the H wave daily. Her medications included norco, robaxin, Lidoderm, Topamax, bupropion, amlodipine, allegra and fluticasone nasal spray. He exam showed limited neck range of motion with tenderness to palpation in the occipital cervical paraspinals and upper trapezius. She was tender over the C2-6 facet joints. She had a positive left Spurling's sign. Her diagnoses were left shoulder pain status post surgical repair of rotator cuff tear, neck pain, cervical facetogenic pain and headaches, cervical discogenic pain, left C6 radiculitis, cervical spine stenosis, history of C6-7 fusion in 4/12 and chronic pain syndrome. At issue in this review is the request for medications: norco, topirimate, Lidoderm patches and robaxin. Also at issue is the request for an Epidural steroid injection with fluoroscopic guidance and conscious sedation at C6-7. Records indicate that she had a C6-7 epidural injection in 2/14 and again in 8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: 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): 74-80.

Decision rationale: This injured worker has chronic neck, shoulder and arm pain with an injury sustained in 2012. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.

Topirimate 50mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Topamax: drug information and prevention of migraines in adults - uptodate

Decision rationale: This injured worker has chronic neck, shoulder and arm pain with an injury sustained in 2012. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, and muscle relaxants. Topamax may be used in migraine headache prophylaxis. A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document a diagnosis of migraines or the frequency of prior headaches or efficacy of this medication. The records do not document medical necessity for Topamax.

Robaxin 750mg, quantity not indicated: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic neck, shoulder and arm pain with an injury sustained in 2012. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of Robaxin is not substantiated in the records.

Epidural steroid injection with fluoroscopic guidance and conscious sedation at C6-7:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: This injured worker has chronic neck, shoulder and arm pain with an injury sustained in 2012. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, and muscle relaxants. Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, and medications. Additionally, epidural injections have already been provided twice in the past with no documentation improvement in symptoms. A third epidural injection (in question here) is not medically substantiated.

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 112.

Decision rationale: This injured worker has chronic neck, shoulder and arm pain with an injury sustained in 2012. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, and muscle relaxants. Per the guidelines, 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). This is not a first-line treatment and is only FDA approved for post-

herpetic neuralgia. This injured worker does not meet the guideline's criteria for use or diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm patches in this injured worker.