

<b>Case Number:</b>	CM15-0015132		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 54 year old male, who sustained an industrial injury on 4/28/2011. He injured his left knee while stocking a lower shelf and felt a pop in the left knee. He underwent left total knee replacement on 8/15/2014. There is not a recent magnetic resonance imaging (MRI) report. The diagnoses have included left total knee replacement, low back pain, left elbow pain, lumbosacral spondylosis without myelopathy, carpal tunnel syndrome, and localized osteoarthritis not specified as primary or secondary, shoulder region. Treatment to date has included medications, surgical intervention, bracing, TENS unit and pain management consultation. Currently, the IW complains of pain located on the left side of the body and back. The pain is rated as 9/10 without medications. Objective findings included pain and decreased range of motion to the lumbar spine. There is tenderness to palpation over the facet joints. There is a positive Patrick test and reverse Thomas test. There is appreciable effusion or Baker cyst over the bilateral knees. Testing in the supine position does not reveal appreciable joint effusion. There is palpable tenderness at the medial joint line of both knees. There is tenderness over the medical epicondyle of the elbow. There is positive impingement test of the shoulder and positive supraspinatus test. On 1/09/2015, Utilization Review non-certified a request for Topamax, Amitriptyline, Morphine, Naprosyn, Omeprazole and hydrocodone noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/27/2015, the injured worker submitted an application for IMR for review of Topamax, Amitriptyline, Morphine, Naprosyn, Omeprazole and hydrocodone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: topamax drug information and preventive treatment of migraines in adults

**Decision rationale:** 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 efficacy of this medication or why the worker requires this medication. The records do not document medical necessity for topamax.

**Amitriptyline:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 14.

**Decision rationale:** Per the guidelines, tricyclic antidepressants are used as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options. This injured worker has but no documented diagnosis or physical exam evidence of neuropathic pain or why the worker requires this medication in addition to opioids. The records do not support the medical necessity of amitriptyline.

**Morphine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and NSAIDs. 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 visits fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to morphine 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 morphine is not substantiated in the records.

**Naprosyn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66 & 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 66-73.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics and NSAIDs. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of naprosyn is not substantiated in the records.

**Omeprazole:** 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 9792.20 9792.26 Page(s): 68-69.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2011. His medical course had included use of several medications including NSAIDs and opioids. Per the guidelines, omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

**Hydrocodone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and NSAIDs. 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 visits fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to hydrocodone 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 hydrocodone is not substantiated in the records.