

Case Number:	CM15-0114486		
Date Assigned:	06/22/2015	Date of Injury:	05/15/2013
Decision Date:	08/19/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 28-year-old female, who sustained an industrial injury on May 15, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having myalgia and myositis, new daily persistent headache and cervicgia. Treatment to date has included diagnostic studies, medications and exercise. On May 20, 2015, the injured worker complained of neck and back pain. On June 18, 2015, she stated that she would like to start decreasing her Hydrocodone use and temporarily increase her Diazepam in order to assist. She reported trying to increase exercise level but has been having some shortness of breath. The treatment plan included medications. On June 3, 2015, Utilization Review non-certified the request for Hydrocodone-Acetaminophen 5/325 mg #120, Diazepam 5 mg #30 and Topiramate 100 mg #30, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request; appropriate weaning may be indicated. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for hydrocodone is not considered medically necessary.

Diazepam 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for Diazepam unreasonable according to utilization review, and the request was appropriately non-certified. If the drug has been given, weaning may be indicated. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug, Therefore the request for Diazepam is not considered medically necessary at this time, and non-certification per utilization review decision is considered reasonable.

Topiramate 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs Page(s): 16, 21.

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

Decision rationale: The use of topiramate is clearly addressed by the MTUS guidelines with respect to use in cases of chronic pain. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The provided documents do not provide clear evidence that previous attempts at treatment with first-line anticonvulsants have failed, and therefore given the provided records and the position of the MTUS, the request for treatment with topiramate cannot, at this time, be considered medically necessary.