

Case Number:	CM15-0127149		
Date Assigned:	07/14/2015	Date of Injury:	07/09/1992
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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 64-year-old female, who sustained an industrial injury on 7/9/92. The diagnoses have included cervical intervertebral disc degeneration, cervical spondylosis without myelopathy, and cervicgia. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, chiropractic, acupuncture, radiofrequency ablation, traction and injections. Currently, as per the physician progress note dated 6/2/15, the injured worker complains of headache and neck pain rated 5-7/10 on pain scale. She states that the medications help the condition and decrease the pain. The physical exam of the cervical spine reveals decreased neck range of motion bilaterally, tenderness to palpation over the cervical spine and bilateral tenderness to palpation over the occipital groove. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. There is no previous urine drug screen noted. The physician requested treatments included Norco 10/325mg # 90, Topamax 50mg #90, Tizanidine 4mg #60 and Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 90: Upheld

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

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 modified the request to facilitate appropriate generation of an opioid plan that meets the standards set by the MTUS. Given the risk of chronic continued treatment, the decision to modify per UR is reasonable, and therefore the request for Norco is not considered medically necessary.

Topamax 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (AEDs) 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 provide indication 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 is considered medically appropriate.

Tizanidine 4mg #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).

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

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on similar medication and a request for continued and chronic treatment, the quantity of medications currently requested cannot be considered medically necessary and appropriate.

Celebrex 200mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Celebrex Page(s): 22, 66-67.

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief, but given the chronicity of pain in this worker, and reported evidence to support pain improvement on the medication with decreased issues of GI distress as seen with prior NSAIDs, the medication requested is reasonable. Therefore, the request is deemed medically appropriate at this time.