

Case Number:	CM15-0166643		
Date Assigned:	09/11/2015	Date of Injury:	12/04/2005
Decision Date:	12/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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, California
 Certification(s)/Specialty: Emergency 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:

This is a 51 year old female with a date of injury on 12-4-05. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain. Progress report dated 7-17-15 reports continued complaints of pain in the neck and chest region. She reports she is not sleeping well and she is still getting headaches. The pain is constant and fluctuates from 7-10 out of 10. She had neck pain with radiculopathy, right arm pain with neuropathy, low back pain and migraine headaches. She has neck and shoulder pain that radiates down both arms more on the right with tingling in the hands. Physical exam: cervical range of motion full with difficulty, she has cervical para-spinal tenderness. Lab results of a urine toxicology screen test positive for barbiturates, opiates and tricyclic antidepressants. According to the medical record she has been taking norco, zanaflex, fioricet, topamax and omeprazole since at least 4-14-15. Request for authorization dated 7-21-15 was made for Norco 10-325 mg, 1 tab 4 times a day as needed QTY: 120, Zanaflex 4 mg, 1 tab 4 times a day as needed, QTY: 120 with 1 refill, Fioricet, 1 tab 3 times a day as needed, QTY: 90 with 1 refill, Topamax 100 mg, 1 tab 3-4 times a day, QTY: 120 with 1 refill, Omeprazole 20 mg, 1 tab every morning, QTY: 30 with 1 refill. Utilization review dated 7-28-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tab 4 times a day as needed QTY: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on this medication for a minimum of 6 months. The documentation does not support functional improvement from the use of this medication. The prescriptions have been renewed without changes. The medication is written as an as needed medication but does not include criteria for use. The request for opiate analgesia is not medically necessary.

Zanaflex 4mg, 1 tab 4 times a day as needed, QTY: 120 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Zanaflex, guideline state "is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." Documentation supports ongoing prescribing of zanaflex. There is not documentation to support the IW's response to use of zanaflex. As noted, the guidelines recommend against use for chronic pain. Documentation does not support a new or acute exacerbation of injury. The request for zanaflex is determined not medically necessary.

Fioricet, 1 tab 3 times a day as needed, QTY: 90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The MTUS recommends against analgesics containing barbiturates. There are several significant, and negative, side effects. Other analgesics listed in the MTUS are available for treating chronic pain. There are no reports from the treating physician which address the specific benefits and ongoing medical necessity for this medication. The barbiturate-containing analgesic in this case is not medically necessary based on the MTUS.

Topamax 100mg, 1 tab 3-4 times a day, QTY: 120 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS chronic pain guidelines recommend the use of topiramate for chronic pain, but reports variable efficacy with its use. Guidelines further report failure of relief of neuropathic pain with this medication. It is unclear from the documentation what the medication is being prescribed to treat. The IW has been using this medication for a minimum of 6 months. There is no documentation of symptom improvement with its use. As documentation does not support improvement with the use of this medication, the request for topiramate is determined not medically necessary.

Omeprazole 20mg, 1 tab every morning, QTY: 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Ranitidine is not medically necessary based on the MTUS.