

<b>Case Number:</b>	CM15-0171675		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 35-year-old female, who sustained an industrial-work injury on 9-27-12. Treatment to date has included pain medications, Topiramate since at least 8-10-15 and Naltrexone 50mg since at least 8-10-15, stellate ganglion blocks with no relief, dorsal column stimulator since 10-21-13, pain management, physical therapy unknown amount over a year ago, acupuncture (unknown amount of sessions), psyche care and other modalities. A review of the medical records indicates that the injured worker is undergoing treatment for Complex regional pain syndrome (CRPS) of the chest, neuropathic pain, allodynia status post spinal cord stimulator and history of obesity and celiac disease. The medical record dated 4-1-15 the physician indicates that the injured worker has been on chronic opioid therapy since 2012. The physician also indicates, "Since the spinal cord stimulator implant she has had dramatic improvement in her activities of daily living (ADL) and is functioning better but still requires medication management." Medical records dated (1-22-15 to 8-10-15) indicate that the injured worker complains of pain in the upper chest area with allodynia. She also complains of back pain between the shoulder blades. The medical record dated 4-1-15 the physician indicates, "The pain is always present and aggravated by all activities and alleviated by lying down, medications, prayer, relaxation and spinal cord stimulator." The medical record dated 8-10-15 the physician indicates, "The pain distributed across the chest, upper abdomen bilaterally has remained unchanged, and there is also a burning sensation with allodynia during exacerbations." The physician indicates that she has significant constipation since starting Methadone and has tried multiple therapies such as Senna, Colace, Miralax, Dulcolax, Lactulose and Connasil with no

relief." The physician also indicates, "She gets diaphoretic on the Lyrica and is upset about the weight gain that she has suffered from it." The physical exam dated 3-3-15 reveals severe pain in the chest with minor palpation, severe pain in the back, exam is limited by pain, the shoulder range of motion is limited in all directions and she cannot elevate the arms above 90 degrees due to pain. The medical record dated 8-10-15 the physician indicates that the injured worker is 194 pounds and 5 feet 2 inches. The treatment plan was to decrease the Methadone for "good weeks" and increase for "bad weeks", decrease Lyrica with wean plan, start Topiramate titration, aqua therapy and start Naltrexone for daily constipation. Per the treating physician, report dated 11-18-14 the employee has not returned to work and is permanently disabled. The original Utilization review dated 8-24-15 non-certified a request for Pool therapy quantity of 4 as there was no documentation supporting the need for reduced weight bearing and therefore, not medically necessary, denied a request for Topiramate (quantity unspecified) as absent the documentation of the number and frequency of the medication prescribed the medical necessity is not established and denied a request for Naltrexone 50mg (quantity unspecified) as absent the documentation of the number and frequency of the medication prescribed the medical necessity is not established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pool therapy #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** The California MTUS section on aquatic therapy: Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) The provided medical records for review do not show the patient to meet criteria as cited above and therefore the request is not medically necessary.

**Topiramate (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The California MTUS section on the requested medication states: Topiramate (Topamax, no generic available) 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007) There is no documented failure of first line anticonvulsants and therefore the request is not medically necessary.

**Naltrexone 50mg (quantity unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, naltrexone.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is used in the treatment of opioid dependence and alcohol dependence. The patient does not have these diagnoses and therefore the request is not medically necessary.