

Case Number:	CM15-0174935		
Date Assigned:	09/16/2015	Date of Injury:	06/17/2004
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on June 17, 2004. The injured worker is diagnosed as having a low back pain, lower leg joint pain, foot pain and hand pain. His work status is permanent and stationary and he is not currently working. Currently, the injured worker complains of low back and right knee pain. He reports right arm, right knee and right leg pain at night. He also reports sleep disturbance due to the pain. He reports the medication reduces his pain from 8 on 10 to 5 on 10. He is able to remain active and provide self-care with Norco. Physical examinations dated June 25, 2015-August 20, 2015 reveal a slow, altered gait. His low back range of motion is restricted with "flexion to 45 degrees" and "extension to 5 degrees". "On palpation, paravertebral muscles spasm, tenderness and tight muscle band is noted on both sides. Lumbar facet loading is negative on both sides. Straight leg raising test is positive on the right side in sitting at 60 degrees". The right hand reveals "swelling over the snuffbox", no limitation is noted in flexion and extension of all the fingers. There is painful range of motion, "tenderness to palpation over the proximal interphalangeal joint of the thumb, index finger and middle finger". The left hand examination is within normal limits. The right knee range of motion is restricted with extension limited to 40 degrees. There is "tenderness to palpation over the medial joint line" and "1+ effusion in the right knee joint". The right ankle is swollen and tenderness is noted over the Achilles tendon. He is able to bear weight, but causes pain. His right foot reveals deformity and swelling. The range of motion is restricted with "flexion at the metatarsophalangeal joints of all toes to 10 degrees, but normal inversion and eversion". "Flexion at the metatarsophalangeal joints of all

the toes beyond 5 degrees" and "extension beyond 100 degrees" produces pain. There is tenderness to palpation over the "dome and neck of talus-navicular" and Thompson's test is negative. He has decreased motor strength in the right ankle, sensory deficit over the right lateral calf and deep tendon reflex deficit in the right ankle. The injured worker is able to lift 10-15 pounds, walk 5 blocks, sit for 60 minutes, stand for 30 minutes and engage in household chores including cooking, cleaning, self-care, laundry and grocery shopping for approximately 30 minutes at a time with medication. He reports he is able to lift 5 pounds, walk one block or less, sit for 30 minutes and stand for 15 minutes or less, engage in household chores including cooking, cleaning, self-care, laundry and grocery shopping for approximately less than 10 minutes at a time with his medication. Due to gastrointestinal upset, the non-steroidal anti-inflammatory medication was held for two weeks. Treatment to date has included medications (Flexeril, Topamax-effective on neuropathic pain and improves ambulation, Voltaren, Norco, Pepcid, Zorvolex all for 6 to 8 months, Gabapentin-sedation, Lyrica-minimal efficacy, Celebrex-efficacious for swelling and improved mobility, Silenore, Lidoderm Patch, Motrin and Nexium) and toxicology screen. The following medications; Topamax 25 mg #30 with 3 refills (modified to 1 refill to avoid sudden stopping of Topamax as documentation of neuropathy is not provided), Norco 10-325 mg #60 with 1 refill (modified to no refill to avoid sudden stopping of the medication as documentation or rationale the medication is necessary for treatment was not provided), Zorvolex 18 mg #60 with 3 refills (denied as documentation or rationale the medication is necessary for treatment was not provided and long term use of non-steroidal anti-inflammatory medication is not recommended), Pepcid 20 mg #30 with 3 refills (denied as no indication of gastrointestinal events-risk was not provided) and Flexeril 10 mg #30 with 3 refills (denied as documentation or rationale the medication is necessary for treatment was not provided and long term use of muscle relaxants is not recommended), per Utilization Review letter dated August 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #30 with 3 refills: Overturned

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: Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and documentation of objective functional improvement. As such, the currently requested topiramate (Topamax) is medically necessary.

Norco 10/325mg #60 with 1 refill: Overturned

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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.

Zorvolex 18mg #60 with 3 refills: Overturned

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): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Zorvolex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that this medicine is providing analgesic benefits and objective functional improvement. Additionally, no intolerable side effects were reported. As such, the currently requested Zorvolex is medically necessary.

Pepcid 20mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for famotidine (Pepcid), California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, it appears the patient is taking and saved on a regular basis. As such, this puts the patient in a moderate/high risk category for the development of gastric side effects. Guidelines support the use of H2 blockers to reduce the risk of G.I. complications from NSAIDs. As such, the currently requested famotidine (Pepcid) is medically necessary.

Flexeril 10mg #30 with 3 refills: 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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. As such, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.