MAXIMUS Federal Services

| Case Number: | CM15-0178325 | | |
|---|---|---|---|
| Date Assigned: | 09/18/2015 | Date of Injury: | 03/30/2004 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

## 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: Massachusetts
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 47 year old female who sustained an industrial injury on 03-30-2014. Diagnoses include lumbar sprain, shoulder bursitis, chronic pain syndrome, and degeneration of lumbar intervertebral disc. A physician progress note dated 07-30-2015 documents the injured worker complains of ongoing neck pain, difficulty swallowing, bilateral shoulder pain, back pain and shooting pain down her right leg. It is documented that she cannot function without her pain medications and her medications reduce her pain by 50%. She has limited neck and back range of motion. Motor strength, sensation and deep tendon reflexes are grossly intact in her upper and lower extremities. She has spasm present in the lumbar region and right cervical region. She has full neck and shoulder range of motion. She has crepitus present in the bilateral shoulders during passive circumduction and positive impingement sign of the shoulders bilaterally. Right knee exam reveals full active range of motion. Patellar compression is mildly painful. Her spine surgeon is suggesting that she may require another surgery on her lower back. A physician progress note dated 07-15-2015 documents her pain is the same. She has low back pain radiating to her right lower extremity. She has a normal gait. There is tenderness bilaterally at L4 paraspinal region and the iliolumbar region. She has painful range of motion there is decreased sensation of the knee and medial leg-L4. A physician progress note dated 03-12-2015 documents she reported ongoing neck pain, difficulty swallowing, pain in both shoulders and lower back pain. She rates her pain as 8 out of 10 at its worst and 4 out of 10 at its best. She states she get 50% reduction in pain and 50% improvement in functional activities of daily living with her medications versus not taking them at all. She has limited range of motion in her back

with tenderness and muscle spasm in her paraspinal muscles. Cervical range of motion is restricted in all planes. Cervical compression causes neck pain but it does not radiate. She has bilateral tenderness over the subacromions. Range of motion is limited bilaterally in all planes. There are positive impingement signs and crepitus on circumduction passively in both shoulders. There is some tenderness over the left bicipital tendon. The injured worker has been on Norco, and Topamax since at least 01-16-2014. Treatment to date has included diagnostic studies, medications, physical therapy, epidural steroid injections, radiofrequency ablation, lumbar medial branch block, status post right shoulder arthroscopy with remaining distal biceps tendon tear, left shoulder pain with bicipital tendinitis and recent Magnetic Resonance Imaging showing SLAP lesion, status post anterior cervical diskectomy and fusion with chronic neck pain, removal of anterior plate with ongoing dysphagia symptoms, status post balloon dilation in the past with temporary improvement of dysphagia symptoms. Her medications as of 07-15-2015 include Flector, patch, Norco, Oxycodone ER 60mg, Soma and Topamax. She is not working. A Request for Authorizations dated 08-03-2015 was for Imitrex 100mg #9, Norco 10-325mg #240; Soma 350mg #60, and Topamax 100mg #60. On 08-13-2015 the Utilization Review modified the request for Norco 10/325mg #240 to Norco 10-325mg # 180 and modified the request for Topamax 100mg #60 to Topamax 100mg to 15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 100mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse Toward Optimized Practice. Guideline for primary care management of headache in adults. Edmonton (AB): Toward Optimized Practice; 2012 Jul. 71 p.

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

**Decision rationale:** The claimant sustained a work injury in March 2014 and is being treated for neck and back pain, bilateral shoulder pain, and right lower extremity shooting pain. Surgeries include an arthroscopic biceps tendon repair and anterior cervical decompression and fusion. Medications are referenced as decreasing pain by 50% with improved activities of daily living. When seen, she was having difficulty swallowing and an ENT evaluation was pending. There was decreased shoulder range of motion with mild crepitus and positive impingement testing. There was positive right knee patellar compression. There was decreased cervical and lumbar range of motion with muscle spasms. There was an absent right ankle reflex. Antiepilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The claimant has right lower extremity neuropathic pain symptoms. The dose being prescribed is within recommended guidelines and medications are reported to be providing pain relief with improved function. Ongoing prescribing was medically necessary.

**Norco 10/325mg #240:** 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, criteria for use, Opioids, dosing.

**Decision rationale:** The claimant sustained a work injury in March 2014 and is being treated for neck and back pain, bilateral shoulder pain, and right lower extremity shooting pain. Surgeries include an arthroscopic biceps tendon repair and anterior cervical decompression and fusion. Medications are referenced as decreasing pain by 50% with improved activities of daily living. When seen, she was having difficulty swallowing and an ENT evaluation was pending. There was decreased shoulder range of motion with mild crepitus and positive impingement testing. There was positive right knee patellar compression. There was decreased cervical and lumbar range of motion with muscle spasms. There was an absent right ankle reflex. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.