MAXIMUS Federal Services

Case Number:	CM15-0078461		
Date Assigned:	04/29/2015	Date of Injury:	01/17/2012
Decision Date:	06/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Illinois
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 53 year old female, who sustained an industrial injury on 01/17/2012. On 11/18/2014, the injured worker complained of shoulder pain worsening with reach at or above the shoulder and overhead activity as well as repetitive movement of the left hand. Her right shoulder pain was rated 10 on a scale of 1-10. Diagnoses included cervical disc disease/cervical stenosis, right shoulder arthropathy, recurrent tear of infraspinatus left shoulder pain compensable consequence and depressive symptoms. She was prescribed topiramate and advised to continue taking Robaxin. According to a progress report dated 11/25/2014, the provider noted that the injured worker had been prescribed Topamax by a different provider. It made her sedated but she felt as if she was sleeping slightly better. On 01/22/2015, the injured worker's shoulder pain was rated 10 on a scale of 1-10. TENS unit helped neck/shoulder pain decrease from 7 to 5 on a scale 1-10. Treatment plan included continue Topiramate, continue Robaxin, request Flector 1.3% patch and request Voltaren 1% Gel. According to a progress report dated 03/03/2015, the injured worker reported that she had been having more pain in the neck with radiation of pain into the right shoulder and right upper extremity and right arm numbness. Treatments to date have included steroid injections, epidural steroid injections, shoulder surgery, TENS unit, medications, MRI and therapy. Currently under review is the request for Topiramate, Robaxin, Flector and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: The injured worker sustained a work related injury on 01/17/2012. The medical records provided indicate the diagnosis of cervical disc disease/cervical stenosis, right shoulder arthropathy, recurrent tear of infraspinatus left shoulder pain compensable consequence and depressive symptoms. Treatments to date have included steroid injections, epidural steroid injections, shoulder surgery, TENS unit, medications, The medical records provided for review do not indicate a medical necessity for Topiramate 50mg #60. Topiramate is an antiepileptic (anticonvulsant) drug recommended by the MTUS for treatment of neuropathic pain when other anticonvulsants have fail. The guidelines recommends that use of anticonvusants be continued based on evidence documentation of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The medical records reviewed do not indicate the injured worker has had 30% or more pain reduction pain since the treatment with this medication was started; also, there is no documentation of failed treatment with other anticonvulsants prior to starting this medication. The request is not medically necessary.

Robaxin 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on 01/17/2012. The medical records provided indicate the diagnosis of cervical disc disease/cervical stenosis, right shoulder arthropathy, recurrent tear of infraspinatus left shoulder pain compensable consequence and depressive symptoms. Treatments to date have included steroid injections, epidural steroid injections, shoulder surgery, TENS unit, medications, The medical records provided for review do not indicate a medical necessity for Robaxin 500mg #60.Methocarbamol (Robaxin) is a muscle relaxant with dosing as 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The medical records indicate the injured worker's use of this medication predates 12/2014, but there is no indication the injured worker is being treated for chronic low back pain. The request is not medically necessary.

Flector 1.3% 60 patches times three: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 01/17/2012. The medical records provided indicate the diagnosis of cervical disc disease/cervical stenosis, right shoulder arthropathy, recurrent tear of infraspinatus left shoulder pain compensable consequence and depressive symptoms. Treatments to date have included steroid injections, epidural steroid injections, shoulder surgery, TENS unit, medications, The medical records provided for review do not indicate a medical necessity for Flector 1.3% 60 patches times three. Flector patch is a topical analgesic containing Diclofenac. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence from the records reviewed that the injured worker has failed treatment with the antidepressants and anticonvulsants (the worker was in the past treated with the antidepressant: sertraline, an antidepressant not considered as first line antidepressant; the worker was also treated with the antipsychotic, Abilify, but never a first line antidepressnat or anticonvulsant). Also, the MTUS states that the topcial Diclofenac has not been evaluated for treatment of shoulder or spine. The request is not medically necessary.

Voltaren Gel 1% 100mg times three: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 01/17/2012. The medical records provided indicate the diagnosis of cervical disc disease/cervical stenosis, right shoulder arthropathy, recurrent tear of infraspinatus left shoulder pain compensable consequence and depressive symptoms. Treatments to date have included steroid injections, epidural steroid injections, shoulder surgery, TENS unit, medicationsThe medical records provided for review do not indicate a medical necessity for Voltaren Gel 1% 100mg times three. Voltaren Gel is a topical analgesic containing Diclofenac. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence from the records reviewed that the injured worker has failed treatment with the antidepressants and anticonvulsants (the worker was in the past treated with the antidepressant: sertraline, an antidepressant not considered as first line antidepressant; the worker was also treated with the antipsychotic, Abilify, but never a first line antidepressant or anticonvulsant) . Also, the MTUS states that the topical Diclofenac has not been evaluated for treatment of shoulder or spine. The request is not medically necessary.