MAXIMUS Federal Services

| Case Number: | CM15-0093925 | | |
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| Date Assigned: | 05/20/2015 | Date of Injury: | 06/16/2003 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

## 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

## 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 56 year old female with an industrial injury dated 06/16/2003 resulting in mid to upper back and shoulder discomfort. The most recent note available is dated 02/16/2015, which notes the chief complaint as “refill medication." This progress note also sates the "patient refused to talk about what happened and would just like to talk to" a certain person. Her diagnoses/assessment is listed as back and neck pain and anxiety and depression. Prior treatments included physical therapy, medications and psychiatric treatment. The request is for Hydrocodone 7.5/325 #90, Lidocaine 5% #30, Rizatriptan 10 mg #12 and Topiramate 50 mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Rizatriptan 10mg #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse Scottish Intercollegiate Guidelines Network (SIGN); 2008 Nov. 81 p. (SIGN publication; no. 107).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Head' and topic 'Rizatriptan (Maxalt).

**Decision rationale:** The patient presents with thoracic pain and anxiety. The request is for Rizatriptan 10mg #12. The request for authorization is dated 04/10/15. Progress reports provided for review are dated 02/16/15 and 03/30/15, which are handwritten, illegible with minimal documentation. Patient has had sessions of physical therapy and psychotherapy. Patient's medications include Norco, Ambien and Alprazolem. Patient is permanent and stationary. ODG guidelines, chapter 'Head' and topic 'Rizatriptan (Maxalt)', recommend the medication for "migraine sufferers." The guidelines also state "While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments." Treater does not specifically discuss this medication. In this case, the progress reports are handwritten and do not discuss the patient's condition in detail. Patient has been proscribed Rizatriptan since at least 04/03/13. The treater, however, does not document the occurrence of migraine headaches and there is no discussion on the efficacy of this medication. Therefore, the request IS NOT medically necessary.

**Topiramate 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), antiepileptic drugs, medications for chronic pain Page(s): 21, 16-17, 60.

**Decision rationale:** The patient presents with thoracic pain and anxiety. The request is for Topiramate 50MG #60. The request for authorization is dated 04/10/15. Progress reports provided for review are dated 02/16/15 and 03/30/15, which are handwritten, illegible with minimal documentation. Patient has had sessions of physical therapy and psychotherapy. Patient's medications include Norco, Ambien and Alprazolem. Patient is permanent and stationary. MTUS Guidelines page 21, "Topiramate (Topamax) 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Treater does not specifically discuss this medication. Patient has been prescribed Topiramate since at least 04/03/13. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain; however, it is documented by the treater. Furthermore, there is no documentation of pain and functional improvement with the use of Topiramate. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request IS NOT medically necessary.

**Hydrocodone 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with thoracic pain and anxiety. The request is for Hydrocodone 7.5/325MG #90. The request for authorization is dated 04/10/15. Progress reports provided for review are dated 02/16/15 and 03/30/15, which are handwritten, illegible with minimal documentation. Patient has had sessions of physical therapy and psychotherapy. Patient's medications include Norco, Ambien and Alprazolem. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient has been prescribed Hydrocodone since at least 04/03/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Hydrocodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Hydrocodone. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opiod contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Lidocaine 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, Lidoderm patches Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm patches.

**Decision rationale:** The patient presents with thoracic pain and anxiety. The request is for Lidocaine 5% #30. The request for authorization is dated 04/10/15. Progress reports provided for review are dated 02/16/15 and 03/30/15, which are handwritten, illegible with minimal documentation. Patient has had sessions of physical therapy and psychotherapy. Patient's medications include Norco, Ambien and Alprazolem. Patient is permanent and stationary. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI

anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not specifically discuss this medication. The patient has been prescribed Licocaine 5% since at least 04/03/13. However, there is no documentation on how the Licocaine 5% is to be used and how often. Additionally, Lidocaine 5% is indicated for localized peripheral pain, which the treater does not document. Therefore, the request IS NOT medically necessary.