

<b>Case Number:</b>	CM14-0147086		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/24/1998
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 65-year-old female was reportedly injured on April 24, 1998. The most recent progress note, dated July 17, 2014, indicates that there were ongoing complaints of neck pain, headaches, and right elbow pain/shoulder/arm pain. Pain is rated at 9/10 at its worst and 6/10 at its best. The physical examination demonstrated tenderness of the right shoulder and decreased right shoulder range of motion with forward flexion to 80 and abduction to 75. There was decreased cervical spine range of motion without tenderness. Diagnostic imaging studies of the right elbow indicated joint space narrowing and the subacromial region suggestive of a rotator cuff tear. Previous treatment includes a right shoulder cortisone injection. A request had been made for Norco, bupropion, Lyrica, and topiramate and was not certified in the pre-authorization process on September 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 four times a day, 30 days #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

**Bupropion HCL ER 300mg #90 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27.

**Decision rationale:** Bupropion is a non-tricyclic antidepressant which has been shown to be effective in relieving neuropathic pain. However, the most recent progress note, dated July 17, 2014, does not indicate any neuropathic findings on physical examination. Considering this, this request for Bupropion is not medically necessary.

**Lyrica 75mg 1 am 1 noon and 2 at night #120, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

**Decision rationale:** The California MTUS Guidelines support Lyrica as a first-line treatment for neuropathic pain and second-line for moderate to severe pain is the potential benefit outweighs the risk. Based on the clinical documentation provided, there is no evidence of neuropathic and radicular pain on physical examination. As such, this request for Lyrica is not considered medically necessary.

**Topiramate 25mg #270 refills 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21.

**Decision rationale:** The California MTUS supports the use of anticonvulsants for neuropathic pain but notes that Topiramate may be used as a second -line agent after other anticonvulsants have been trialed and failed. Based on the clinical documentation there is no evidence of neuropathic or radicular findings on physical examination. As such, the request for Topiramate is not medically necessary.