MAXIMUS Federal Services

Case Number:	CM13-0019740		
Date Assigned:	10/11/2013	Date of Injury:	03/25/1999
Decision Date:	02/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 patient has a date of injury of March 25, 1999 with injuries the cervical spine, head injury, migraines, and spondylosis. The patient continues to have severe intractable headaches. Report dated 10/7/2013 indicates the patient has sharp throbbing pain in his neck and head that radiation to both shoulders. It states the patient you can perform eating and dressing with his current medications. His current pain is 5 out of 10. Previous treatments have included chiropractic care, physical therapy, and medications. The note also states that the patient's pain is relieved by greater than 50%," is enough to make a real difference". The patient is doing home exercises and sleeps 4 to 6 hours per night. There is no diagnosis listed of high blood pressure, there is no documentation of the patient's current blood pressure in either the October note or the September 2013 note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keppra 1000mg #90: 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 Anti-epilepsy Drugs Page(s): 16.

Decision rationale: This medication is not medically necessary. Guidelines state this medication may be used for neuropathic pain. Outcomes of 50% are needed to continue this medication. If that standard is not met, first line medications such as tri-cyclic antidepressants are recommended. There is a statement that the patient has a 50% reduction in pain with meds, but there is no indication that the AED is the cause of this reduction as the patient is also taking a TCA. Without this information, the use of this medication does not comply with current guidelines. This medication may be contraindicated with the current list of medications as well. Therefore, as the medication does not meet MTUS guidelines, it is not recommended

Celexa 20mg #30: 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 Anti-depressants Page(s): 16.

Decision rationale: MTUS does discuss anti-depressants for treatment of chronic pain especially in patients with depression. However, in this case the patient is already using a TCA for depression and chronic pain. There is no indication in the RFA stating why the patient needs this additional medication. MTUS also states SSRI need more study for use in chronic pain. The addition of this medication also brings into play potential life threatening side effects when combined with other anti-depressants. As there is no indication for multiple medications given, and SSRIs are not a first line agent for chronic pain as TCA, this medication is not recommended.

Felodipine ER 2.5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation guidelines from the Joint Commission on Hypertension from 12/2003.

Decision rationale: MTUS does not address hypertensive medication. The joint commission on hypertension was used as guidelines. There is no current diagnosis of hypertension. There is no documentation of the patient's blood pressure currently or a need for this medication.