

Case Number:	CM13-0025434		
Date Assigned:	11/20/2013	Date of Injury:	02/13/2010
Decision Date:	01/27/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Internal Medicine, Pulmonary Diseases, 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 claimant is a 44-year-old female who was injured in a work-related accident on 02/13/2010. The records reviewed include a recent 07/15/2013 assessment by [REDACTED] where the claimant was noted to be with current working diagnoses of neck pain with bilateral right and left arm weakness, stiffness, and discomfort. There were also concordant complaints of headache worse with activity with numbness radiating down the arms from the neck. Formal physical examination findings at that date were not documented. It stated the claimant was to continue with medication management, as well as referral for psychiatric evaluation and trigger point injections. Formal imaging is unavailable for review, but the treating physician indicates a prior MRI of the cervical spine showed disc desiccation at multiple levels with diffuse disc ridge complex at C4-5 without evidence of cord compression. The C5-6 level was also with diffuse disc ridge complex with contact, but no compression of the ventral cord. At present, there are clinical requests for medications in the form of Propranolol, Topamax, and verapamil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg cap 3 po q 12 hours #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 21.

Decision rationale: Based on California MTUS, Chronic Pain Medical Treatment Guidelines, the role of Topamax in this case would not be indicated. MTUS Guidelines indicate the roll of Topamax can be demonstrated to show efficacy in the neuropathic pain setting. It is considered use for neuropathic pain when other anticonvulsants have been utilized and failed. The records in this case do not indicate typical first-line agents for neuropathic pain including other forms of anticonvulsants, thus the need of Topamax, an antiepileptic drug, would not be considered proper treatment in this case. It also needs to be brought into account the claimant's diagnosis of neuropathic pain which is not well supported by recent clinical records for review that fail to demonstrate physical examination findings or abnormal neurologic process.

Propranolol 20mg tab 1 po qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetic Chapter, Hypertensive Treatment

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of propranolol would not be indicated. Propranolol is a hypertensive medicine for the sole purpose of treatment in regard to hypertension. There is no current literature to support the role of Propranolol for treatment in chronic pain setting or for any of the claimant's current working diagnoses. Specific requests in this case would not be indicated.

Verapamil 180mg 1 po qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetic Chapter, Hypertensive Treatment

Decision rationale: Also, based on Official Disability Guidelines as California MTUS Guidelines are silent, the role of verapamil would not be considered medically necessary. Verapamil is an antihypertensive with no current indication for use for any of the claimant's current working diagnosis at last clinical assessment for review. While the medication is requested by the treating physician, its role in this work-related injury would not necessitate the role of hypertensive treatment or use of hypertensive medications for any of the claimant's current working diagnoses.