MAXIMUS Federal Services

Case Number:	CM13-0026320		
Date Assigned:	11/22/2013	Date of Injury:	05/27/2010
Decision Date:	01/23/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old right-hand dominant female who never had any problems with her shoulder until O5/27/2012. She was getting up from a chair and she lost consciousness and fell to the ground. She is not exactly sure what happened to her shoulder. She has had continued intability since that point. An MRl arthrogram showed only large capsular volume with no labral lear.. However, the patient is having anterior instability. She also felt that sense of her shoulder falling out anteriorly. She failed reasonable conservative care including months of strengthening, which did not seem to help. On : 07/19/2013 she underwent surgery. The PREOPERATIVE DIAGNOSIS: Right shoulder multidirectional instability. POSTOPERATIVE DIAGNOSES: 1. Right shoulder Bankart tear; 2. Right shoulder SLAP tear; 3. Posterior laxity. There is documentation that patient has been on Topamax since atleast 12/17/12 From 7/11/13 PR-2: The patient returns today stating she remains symptomatic. The patient is scheduled to undergo surgery with [redacted], shoulder specialist, on 7/19/13. The patient continues to have headaches Note: Diagnostic findings: Finkelstein's testing is positive, bilaterally; right greater than left. Tinel's sign is positive at the wrists, bilaterally; right greater than left. Cervical spine has pain and tenderness, more right than left sided with limited right rotation and extension. Head compression testing is negative. Right shoulder has pain and tenderness over the anterior and lateral deltoids. Range of motion testing produces pain. There is positive impingement, positive Neer's. Right knee has full range of motion. There is joint line tenderness, more medially than laterally. McMurray's sign is equivocal. Stable ligamentous components are present. There is a well-healed carpal tunnel release scarring, well-healed. There is tenderness and limited range of motion. There is a positive Tinel's over the right wrist. There is positive Finkelstein's maneuve

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone, 500mg, 60 count: Overturned

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 Page(s): 22, and 71-72.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines; "Anti inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Nabumetone is medically appropriate per Chronic Pain Medical Treatment Guidelines in this patient without contraindications to this medication and with diagnosis including Right shoulder sprain/strain; cervical spine strain/sprain; Right shoulder impingement. The request for Nabumetone, 500mg, 60 count, is medically necessary and appropriate.

Topiramate, 100mg, 60 count: 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 Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Head and Pain Chapter, website DailyMed

Decision rationale: According to the patient's physician Topamax was being prescribed to prevent migraine headaches and reduce the frequency with which you get them. The patient's documentation indicates she has had a closed head injury. In this case ODG (Official Disability Guidelines) does not recommend anticonvulsants except Phenytoin in severe head injury for seizure prophylaxis. The ODG states that "Overuse of analgesics after concussion may exacerbate concussion-related headaches or make them chronic, and researchers advise minimizing analgesics or discontinuing them when headaches continue several weeks after the concussion." The patient's injury was 5/27/12 therefore she has well exceeded the recommended duration of analgesic from TBI (traumatic brain injury) related head injury. The request for Topiramate, 100mg, 60 count, is not medically necessary or appropriate.