

<b>Case Number:</b>	CM13-0027169		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 and is licensed to practice in Rhode Island. 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 beneficiary is a 50 year old female who presents for head trauma at work on 9/26/11. No LOC (loss of consciousness). No seizure activity. No imaging report is available. The claim is chronic pain management. The request is for topamax, Relafen, and vistaril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25mg, 2 tabs BID, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** The guidelines seem to support the use of AED (anti-epilepsy drugs) in this clinical scenario of chronic headache from head trauma. The 25 mg dose bid is appropriate and may have therapeutic benefit.

**Relafen 500mg, 1 tab BID, #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Online Version, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 67-68.

**Decision rationale:** The beneficiary will benefit from the use of Relafen as a non steroidal anti-inflammatory. The use of the above is documented in the quoted guidelines. The amount and dose indicated is medically necessary.

**Vistaril 25mg 2 tabs at bedtime #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 Page(s): 11.

**Decision rationale:** The use of Vistaril for chronic pain management has not been shown to be efficacious. This is an anti-histamine with no medical necessity in use of chronic headache pain. The beneficiary has no allergic or congestion type symptoms with her headaches