MAXIMUS Federal Services

Case Number:	CM13-0028119		
Date Assigned:	11/22/2013	Date of Injury:	12/03/2010
Decision Date:	08/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/21/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57-year-old female who reported an injury on 12/03/due to a motor vehicle accident. On 04/22/2013, the injured worker presented with low back pain, neck pain, severe headaches, dizziness, blurred vision, and emesis. She also reported bilateral shoulder pain, left ankle pain, numbness and tingling sensation to the left specifically when she is driving for long periods of time. The diagnoses were cerebral concussion, headache, referred pain from posterior neck, thoracic sprain/strain, and left lumbar radiculopathy. There was no physical examination done at the time of this note. Previous treatments included injections and medications. The provider recommended Topamax 25 mg and Maxalt MLT. The provider recommended Maxalt for headaches and there was no rationale given for the Topamax. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt MLT: 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 Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The request for Maxalt MLT is not medically necessary. The Official Disability Guidelines recommend triptans for migraine sufferers. Differences among triptans are generally relatively small, but clinically relevant for individual patients. A poor response to 1 triptan does not predict a poor response to other agents in the class. An adequate examination of the injured worker was not provided detailing current deficits to warrant Maxalt MLT. The injured worker reported headaches, but the Guideline recommendation for Maxalt is for migraine headaches. The severity of the headaches was not documented. Additionally, the provider's request does not indicate the dose, quantity, or frequency of the requested medication in the request as submitted. As such, the request is not medically necessary.

Topamax 25mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Topamax 25 mg twice a day is not medically necessary. The California MTUS Guidelines state Topamax has been shown to have effective for diabetic pain for neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement of function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability and adverse effects. The efficacy of the medication is not documented. The provider's rationale was not provided. An adequate examination of the injured worker was not provided detailing current deficits to warrant Topamax. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.