MAXIMUS Federal Services

Case Number:	CM13-0034417		
Date Assigned:	12/06/2013	Date of Injury:	04/30/2004
Decision Date:	04/09/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management 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:

This case involves a patient with a date of injury of 4/30/04. A utilization review determination, dated 10/3/13 recommends non-certification of sumatriptan and topiramate. A 9/16/13 medical report identifies moderate severe headaches with nausea, phonophobia, photophobia, and moderate pain. There is pain in the neck and left arm, rated 5/10. She is taking Topamax, Dilaudid, and Opana. Relpax has been denied. An examination is noted to be unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers\\\Comp 2012 on the web (www.odgtreatment.com), and the Work Loss Data Institute (www.worklossdata.com), (updated 02/14/12): Triptans

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

Decision rationale: The Official Disability Guidelines indicate that triptans are recommended for migraine sufferers. Within the documentation available for review, there is documentation of

migraine headaches. However, the patient has been taking triptan medications in the past, but the documentation does not clearly identify the efficacy of the medication in treating them. As with any medication, ongoing use is supported only in the presence of continued efficacy and the continued need for the medication. In light of the above issues, the currently requested sumatriptan is not medically necessary.

Topiramate 100mg #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697012.html

Decision rationale: The website indicates that there is some support for the use of Topiramate in the prevention of migraines. However, as with any medication, ongoing use is dependent upon efficacy and a continued need for the medication. Within the documentation available for review, there is no clear description that the medication has been effective in preventing headaches as the patient appears to be having frequent headaches. In light of the above issues, the currently requested topiramate is not medically necessary.