

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0047183 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/30/2004 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 47-year-old female with date of injury from 04/30/2004. Per the report from 09/16/2013, the patient presents with moderately severe headaches requesting trigger-point injections and has no other complaints. Diagnostic impressions listed are: (1) Status post cervical fusion, post fusion syndrome; (2) Chronic pain management; (3) Chronic migrainous headaches; (4) Thoracic outlet syndrome; (5) Status post first rib resection. She is currently on Topamax 100 mg twice a day, Dilaudid as needed for breakthrough pain, and Opana Extended Release 10 mg twice a day. The headaches are described as chronic migrainous with more than 15 headache days per month each lasting more than half a day or 4 hours per day, they are both bilateral, unilateral on the right with complaints of phono- and photophobia as well as nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21.

Decision rationale: This patient presents with chronic migrainous headaches, which are well documented by the treating physician's reports on 09/16/2013, 05/29/2013, and 04/17/2013. The treating physician has been prescribing Topamax for this patient's chronic pain. However, the MTUS Guidelines state that Topamax has been shown to have variable efficacy with failure to demonstrated efficacy and neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. MTUS does not discuss Topamax in the context of chronic headaches or migraines. It is considered for neuropathic pain in some situations. Given that this patient does not suffer from neuropathic pain, but rather cervicogenic headache and migraines, the requested Topamax is not medically necessary or appropriate.

Dilaudid 8mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61, 80-81, 88-89.

Decision rationale: This patient presents with chronic migrainous headaches. The Dilaudid is prescribed at 8 mg every 3 hours on an as needed basis for breakthrough pain in addition to the Opana Extended Release 10 mg. The MTUS Guidelines state that opioids for chronic pain are not recommended for headaches, in particular, due to the risk of medication overuse. Opiates are simply not recommended for chronic headaches. Furthermore, the treating physician does not provide any documentation as to whether or not these medications are helpful. In reviewing the reports spanning from 03/20/2013 to 09/16/2013, there is no evidence that this medication is helping and whether or not the medications themselves are the cause of this patient's chronic headaches. Despite the use of Dilaudid, the patient had an emergency room visit per the report on 03/20/2013, with the headaches described as moderate to severe pain. None of the reports indicate before and after pain scales with the use of medication. None of the reports discussed any functional measures with the patient's chronic opiate use. The MTUS Guidelines clearly recommend documentation of functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS Guidelines require documentation of 4 As that include analgesia, activities of daily living, adverse side effects, and adverse behavior. In this case, none of this information is documented or provided. Therefore, Dilaudid is not medically necessary or appropriate.

Imitrex/Sumatriptan 25mg #120: Overturned

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

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

Decision rationale: This patient presents with chronic migrainous headaches. The MTUS Guidelines do not discuss triptan (Imitrex/Sumatriptan). However, the Official Disability

Guidelines state that this drug is recommended for migraine sufferers. Therefore, the requested Imitrex/Sumatriptan is medically necessary for this patient.