

Case Number:	CM13-0050768		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2005
Decision Date:	03/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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:

The patient is a 57-year-old with date of injury on 11/03/2005. The progress report dated 10/23/2013 by [REDACTED] indicates that the patient's diagnoses include cervical strain, traumatic brain injury, and post-concussive headaches. The patient continues to have bad headaches on a regular basis, 2 to 3 times a week, rated between a 6/10 and a 10/10. It lasts for several days. They are worse with increased light and noise, and made better with time and sleep. The patient has photosensitivity and phonosensitivity; no nausea or vomiting. Physical exam indicates pain to palpation along the cervical and lumbar spine. Utilization review letter dated 11/06/2013 indicates a non-certification of verapamil ER 120 mg #30 for prophylaxis against daily headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Verapamil ER 120 mg, quantity of 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Journal of Head and Face Pain article "Prophylactic Treatment of Cluster Headache with Verapamil."

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with weekly headaches and has been taking several medications for prophylaxis of headaches including Imitrex, Norco, Valium, Phenobarbital, meclizine for nausea, and verapamil. The Chronic Pain Medical Treatment Guidelines states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The review of the records from 01/16/2013 to 10/23/2013 included 8 progress reports, which did not provide any documentation of benefit from any of the patient's pain medications. It is unclear what amount of pain relief or functional benefit to improve the patient's ability to carry out activities of daily living. The request for a trial of Verapamil ER 120 mg, quantity of 30, is not medically necessary or appropriate.