MAXIMUS Federal Services

Case Number:	CM13-0066056		
Date Assigned:	01/03/2014	Date of Injury:	11/27/2012
Decision Date:	05/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation; Pain Medicine 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 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:

This is a 52 year-old male who was injured on 11/27/12 when he hit his head on a shelf. According to the 10/22/13 physiatry/pain management report from [redacted], the patient presents with headache, neck, shoulder and low back pain. The assessment was widespread upper body pain; post concussive headache; postconcussive vertigo; post-traumatic vestibulitis/labyrinthitis with vertigo, nausea,vomiting; and and low and mid back pain from sprain/strain. The plan included renewing the tramadol for pain, a cervical MRI for some upper extremity paresthesia and suspicion for cervical stenosis; increase Topamax from 25mg to 50mg bid; and continue Diamox for vertigo symptoms. On 11/18/13 UR denied the MRI, Topamax, Diamox and modified the tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with neck pain and numbness down the arm that has been present for over 11 months despite conservative care with PT, chiropractic and medications. MTUS/ACOEM guidelines for imaging/special studies states: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms." The request for MRI is medically necessary.

TRAMADOL 50 MG #120: Overturned

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 Pain Medical Treatment, Tramadol(Ultram) Page(s): 113.

Decision rationale: According to the 10/22/13 physiatry/pain management report from [redacted], the patient presents with headache, neck, shoulder and low back pain. I have been asked to review for tramadol. The patient has mixed neuropathic and nociceptive pain. MTUS states tramadol is not a first line oral analgesic. The records show the patient has tried tylenol and gabapentin, and is curently being titrated up on topiramate. The physician has not used tramadol as a first-line analgesic. MTUS states: "Central analgesics drugs such as Tramadol (UltramÂ®) are reported to be effective in managing neuropathic pain." The use of tramadol appears to be in accordance with MTUS guidelines. The request for Tramadol is medically necessary.

TOPIRAMATE 50 MG #60: Overturned

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 Antieilepsy drugs Page(s): 16-18.

Decision rationale: According to the 10/22/13 physiatry/pain management report from [redacted], the patient presents with headache, neck, shoulder and low back pain. The patient was being titrated up on Topomax (topiramate) and UR recommende discontinuing it. The records show the patient had been on gabapentin previously, and was in the process of being tritrated up on topiramate. MTUS states anti epilespy drugs (AED) such as topiramate, are: "Recommended for neuropathic pain (pain due to nerve damage". The request for Topiramate is medically necessary.

DIAMOX 250 MG #90: 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): 8-9 of 127. Decision based on Non-MTUS Citation FDA labeled Indication for Diamox

Decision rationale: According to the 10/22/13 physiatry/pain management report from [redacted], the patient presents with headache, neck, shoulder and low back pain. I have been asked to review for Diamox. The physician states he is using Diamox for vertigo. MTUS, ACOEM and ODG did not discuss Diamox. The FDA labeled indication for Diamox is glaucoma. The medication appears to be used off label and there is no clear indication that it is helping. There is no discussion of the frequency or duration or intensity of episodes of vertigo being effected with use of the Diamox. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," As there does not appear to be documented functional improvement with use of Diamox, and it does not appear to be used for its labeled indictation, the continued use of the medication does not appear to be in accordance with MTUS guidelines. The request for Diamox is not medically necessary.