

<b>Case Number:</b>	CM13-0070884		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 46 year old female with a date of injury on 06/02/2010. Her listed diagnosis is headache. She was struck on the right side of her head by a pallet. She felt dizzy but did not lose consciousness. She was followed by neurologists and ophthalmologists. She has trouble with memory and concentration. On 04/16/2012 it was noted that she had dry eyes. On 04/22/2013 she noted that she still gets headaches periodically and has double vision at times. It was noted that she had a dry eye condition. On 05/16/2013 she noted 50% to 70% improvement in her headaches with occipital nerve blocks. On 07/12/2013 it was noted that she had post trauma vascular type headaches. She also had chronic myofascial pain syndrome. She had 2 occipital nerve blocks. On 09/12/2013 her headaches had improved with occipital nerve blocks. She was taking Topamax. The cervical and lumbar range of motion was decreased. She had multiple trigger point of myofascial pain. On 11/07/2013 she had a negative random urine toxicology test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**45 tablets of Tramadol HC1 ER 150mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol  
Page(s): 13.

**Decision rationale:** MTUS Chronic pain notes that Tramadol "is not recommended as a first line oral analgesic." It is a synthetic opioid. Under the Chronic pain opioid section the requirements of having an opiate contract and limiting the providers for the prescription of this medication, the responsibility for documented follow-up and continued evaluation were noted in the guideline but no documented in the provider notes. Furthermore, all of the studies on extended release Tramadol for a maximum of 12 weeks and the FDA approved indication is for patient who require around the clock pain relief for an extended period of time

**120 tablets of Tropicamide 50mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topiramate in the treatment of refractory chronic daily headache. An open trial. Mosek A, Dano M. J Headache Pain, 2005 Apr; 6 (2): 77-80. Epub 2005 Apr 8

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011

**Decision rationale:** Tropicamide is not listed as a recommended treatment for any type of pain in the MTUS Chronic pain guidelines. It's actually not even listed as a treatment that is not recommended. It's not a treatment for pain but has been used to prevent migraine headaches. The documentation notes that the patient has multiple trigger points of myofascial pain and vascular headaches. There is no documentation of a migraine headache; there is no aura noted. There is no documentation that use of Tropicamide improves this patient's headache. There has been a 50% to 70% improvement with occipital nerve blocks but no documented improvement with this medication as a preventative agent for her headaches. She continues to have headaches.