

Case Number:	CM14-0017307		
Date Assigned:	04/14/2014	Date of Injury:	11/28/2010
Decision Date:	05/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 45-year-old female who reported an injury on 11/28/2010 due to a fall as a result of a migraine. The injured worker's treatment history included activity modifications, multiple medications, surgical interventions and physical therapy. In 07/2013, it was documented that the injured worker's medications included Imitrex, Percocet, Flexeril, Topamax, Prilosec, Xanax, Atarax, and Wellbutrin. The injured worker was evaluated on 12/29/2013. It was documented that the injured worker's symptoms were well controlled with medications and that the injured worker's neurologist was no longer providing Topamax or Percocet. A prescription for these medications was provided as the injured worker reportedly was experiencing an increase in symptoms. No physical exam findings were provided for that appointment. The injured worker's diagnoses included disc bulging of the lumbar spine, cervical sprain/strain with left upper extremity radiculopathy, left shoulder sprain/strain, and a history of headachse with loss of consciousness, and anxiety. The injured worker's treatment plan included cognitive behavioral management.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PAIN MANAGEMENT PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The requested cognitive behavioral pain management program is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker is at risk for delayed recovery. The California Medical Treatment Utilization Schedule does recommend cognitive behavioral therapy for appropriately identified patients who are at risk for delayed recovery. However, the California Medical Treatment Utilization Schedule recommends a 3 to 4 visit clinical trial of cognitive behavioral therapy. The request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be identified. As such, the requested cognitive behavioral pain management program is not medically necessary or appropriate.

TOPAMAX 50MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, and Anti-Epileptics Page(s): 60, 16.

Decision rationale: The requested Topamax 50 mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 07/2013. The California Medical Treatment Utilization Schedule recommends continued use of anticonvulsants in the management of chronic pain is supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation submitted for review does not provide any evidence of significant functional benefit related to the injured worker's medication schedule. Additionally, there is no documentation of functional benefit related to prior usage. Additionally, the request as it is submitted does not provided a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Topamax 50 mg #120 is not medically necessary or appropriate.

VICODIN (HYDROCOD/APAP 5/500MG) 1 BY MOUTH EVERY 6 HOURS #120:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management Page(s): 78.

Decision rationale: The requested Vicodin (Hydrocodone/APAP 5/500 mg) 1 by mouth every 6 hours #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, managed side effects, a quantitative

assessment of pain relief, and evidence that he injured worker is monitored for aberrant behavior. The clinical documentation fails to provide any evidence of functional benefit, pain relief, or evidence that the injured worker is monitored for aberrant behavior. Therefore, ongoing use of this medication would not be supported. As such, the requested Vicodin (Hydrocodone/APAP 5/500 mg) 1 by mouth every 6 hours #120 is not medically necessary or appropriate.