

Case Number:	CM14-0112784		
Date Assigned:	09/22/2014	Date of Injury:	03/08/2005
Decision Date:	10/22/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/19/2014

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 Family Practice, 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:

The 47 yr. old female claimant sustained a work injury on 3/8/05 involving the neck. She was diagnosed with cervical degenerative disc disease with radiculopathy, cervical spondylosis and myofascial pain. She had a cervical MRI on 12/12/13 that indicated cervical stenosis and degeneration of C4-C6. A progress note on 9/9/14 indicated the claimant had 5/10 neck pain and intermittent headaches. She had undergone acupuncture and epidural steroid injections, which decreased the pain and headaches. She had been taking Norco, Maxalt, Topamax and Soma to improved the pain 50% and allow for 3 hours of sleep. Exam findings were notable for cervical spine tenderness decreased range of motion and trapezial tenderness. The physician continued her on the above medication. A month prior the physician had also requested an update MRI of the cervical spine and a Weight Loss Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax
Page(s): 21.

Decision rationale: Topamax is an anti-epileptic. According to the MTUS guidelines, Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). In this case, the claimant does not have the above diagnoses. The direct response to the medication is unknown and in combination with numerous other medications, provides minimal relief. The continued use of Topamax is not medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, Soma (carsiprodolol) is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The direct response to the medication is unknown and in combination with numerous other medications, provides minimal relief. The continued use of Soma is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Neck & Upper Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the MTUS guidelines, an MRI is recommended for identifying red flag diagnoses such as tumor, infection or fracture. In this case, the claimant did not have a red flag finding. In addition, she had an MRI a year earlier. There was no indication of new injury or change in condition. Another MRI is not medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Guidelines for obesity

Decision rationale: According to the national guidelines, dietary, physical activity and behavioral modification are the primary approach to weight loss. There was no indication of completion and /or failure in the above approaches. The initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. If this goal is achieved, further weight loss can be attempted, if indicated through further evaluation. In this case, above parameters were not met and the request for a weight loss program is not medically necessary.