

Case Number:	CM14-0134702		
Date Assigned:	08/29/2014	Date of Injury:	06/28/2010
Decision Date:	10/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 injured worker is a 31-year-old female who reported an injury on 06/28/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included carpal tunnel syndrome, pain disorder related to psychological factors, and CRPS type 2. Previous treatments included medication and physical therapy. Within the clinical note dated 03/26/2014, it was reported the injured worker complained of neck pain and left shoulder pain. She rated her pain 6/10 in severity. She reported the pain is located at the neck, head and left shoulder. She described the pain as aching, constant and severe. Upon the physical examination the provider noted the palpable twitch positive trigger points in the muscles of the head and neck. Motor strength was grossly normal, except weakness of the left arm. The request submitted is for physical therapy x6 session. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review. The provider requested physical therapy, Flexeril and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pt X 6 Sessions,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for the fading of treatment frequency, plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's previous course of physical therapy. The number of sessions the injured worker has undergone was not submitted for clinical review. Additionally, the request submitted failed to provide a treatment site. Therefore, Pt X 6 Sessions is not medically necessary.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for treatment of acute exacerbation in patients with chronic low back pain. The guidelines note that the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing medication since at least 03/2014 which exceeds the guidelines recommendations of short term use. Therefore, Flexeril 10mg #30 is not medically necessary.

Topamax 50mg #60: 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 Antiepilepsy drugs (AED) Page(s): 16, 21.

Decision rationale: The California MTUS Guidelines recommend Topamax for neuropathic pain. The guidelines also note Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for the use of neuropathic pain when other anticonvulsants have failed. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, Topamax 50mg #60 is not medically necessary.