

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0164516 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 12/22/2003 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 12/22/03 date of injury. At the time (9/22/14) of request for authorization for Promethazine Hydrochloride 6.25mg 15ml #2 and Topamax 100mg #60, there is documentation of subjective (neck pain and headache) and objective (decreased cervical range of motion) findings, current diagnoses (post concussive headache syndrome with migraine and chronic cervicgia), and treatment to date (medications (including ongoing treatment with Promethazine and Topamax). Medical report identifies that the patient has nausea due to migraine. In addition, medical report identifies that the requested Topamax is for migraine prophylaxis. Regarding Promethazine, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Topamax, there is no documentation of neuropathic pain when other anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Topamax use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine Hydrochloride 6.25mg 15ml #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Society of Obstetricians and Gynecologists of Canada, Guidelines for the

Management of Postoperative Nausea and Vomiting, J Obstetric Gynecology Can 2008 Jul;30(7):600-7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for Opioid Nausea).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Antiemetics. Within the medical information available for review, there is documentation of diagnoses of post concussive headache syndrome with migraine and chronic cervicalgia. However, despite documentation that the patient has nausea due to migraine, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Promethazine Hydrochloride 6.25mg 15ml #2 is not medically necessary.

Topamax 100mg #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 Topiramate (Topamax) Page(s): 21. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post concussive headache syndrome with migraine and chronic cervicalgia. However, there is no documentation of neuropathic pain when other anticonvulsants have failed. In addition, given documentation of ongoing treatment with Topamax, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Topamax use to date. Therefore, based on guidelines and a review of the evidence, the request for Topamax 100mg #60 is not medically necessary.