

Case Number:	CM14-0030943		
Date Assigned:	06/20/2014	Date of Injury:	08/17/2006
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 53-year-old female who reported an injury on 08/17/2006. The mechanism of injury was not specifically stated. Current diagnoses include history of mild traumatic brain injury with chronic headaches, seizure disorder, chronic neck pain, chronic low back pain, and negative seizure disorder. The injured worker was evaluated on 01/16/2014 with complaints of 5/10 pain. Current medications include Topamax 100 mg, Fioricet, and Phenergan 25 mg. Physical examination revealed normal strength in the bilateral upper and lower extremities with diminished range of motion of the lumbar spine. Treatment recommends included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RETRO PRESCRIPTION OF TOPAMAX 100MG #60 DOS 1/16/2014: 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), Head, Anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy, with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. The injured worker has utilized this medication since 05/2013. There is no documentation of objective functional improvement. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

1 RETRO PRESCRIPTION OF TOPAMAX 50MG #60 DOS 1/16/2014: 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), Head, Anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy, with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. The injured worker has utilized this medication since 05/2013. There is no documentation of objective functional improvement. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

1 RETRO UNKNOWN PRESCRIPTION OF FIORICET DOS 1/16/2014: Upheld

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

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

Decision rationale: California MTUS Guidelines state barbiturate-containing analgesic agents are not recommended for chronic pain. There is a risk of medication overuse as well as rebound headache. Therefore, the current request cannot be determined as medically appropriate. There was also no strength, frequency, or quantity listed in the current request. As such, the request is not medically necessary.

1 RETRO PRESCRIPTION OD PHENERGAN 25MG DOS 1/16/2014: 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 (Acute & Chronic), Anti-emetics.

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

Decision rationale: California MTUS Guidelines state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Phenergan is recommended as a sedative and an antiemetic in preoperative and postoperative situations. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency or quantity listed in the current request. As such, the request is not medically necessary.