

Case Number:	CM14-0061956		
Date Assigned:	07/09/2014	Date of Injury:	11/03/2010
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 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:

The injured worker is a 38-year-old male who sustained industrial injuries on November 3, 2010 while performing his usual and customary duties. He is diagnosed with (a) mild posterior disk protrusion at C3-C4 and C4-C5; (b) mild posterior disc bulges at C5-C6 with no significant spinal canal or neural foraminal stenosis, and (c) mild anterior spinal cord indentation at C3-C4 and C4-C5. During his evaluation on January 3, 2014, he reported neck pain rated at 1/10. He stated that this is due to the cervical adjustments from his personal chiropractor. Physical examination revealed full cervical spine ranges of motion with minimal discomfort. The injured worker was seen by his primary treating physician on January 29, 2014. He complained of pain in the neck and the base of the skull rated as 4/10, which limits his ability to turn his head. Physical examination showed functional range of motion of the neck, which is limited at end range with greater limitation on the left than the right side. He followed up on March 25, 2014 and reported neck pain rated at 2/10. Physical examination revealed full cervical spine ranges of motion with pain at the end range of motion on extension and right rotation. There was Grade II tenderness over the suboccipital region and the mid-cervical region, bilaterally. Deep tendon reflexes are 2+/4 at C5, C6, and C7, bilaterally. He was seen again by his primary treating physician on April 10, 2014 for continued complaints of neck pain rated at 4/10. He started with McGuire Therapy, which he reported has decreased his neck pain and spasms. He utilizes Zipsor for pain control which provided some relief of his neck pain. In addition to his neck pain, he reported headaches with increased muscle tension. Cervical spine examination findings demonstrated functional ranges of motion of the neck, which is limited at end range with greater limitation to the left than the right side. He is non-tender to palpation of the cervical spine process. He was discharged to full work duties. Based from the progress note received,

Topamax 50 milligrams #60 one tablet twice a day was prescribed for the injured worker's headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax tablets 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21, 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Other Antiepileptic Drugs Page(s): 16, 21.

Decision rationale: The request for Topamax tablets for the cervical spine is not considered medically necessary at this time. The California Medical Treatment Utilization Schedule indicates that anti-epilepsy drugs or anti-convulsants are recommended for neuropathic pain (pain due to nerve damage). Based from the medical records available for review, the requested medication was specifically prescribed for the injured worker's complaints of headaches and increased muscle tension. There were no physical examination findings indicating that the injured worker suffers from neuropathic pain and radiculopathy. Further, there was no mention of failed first-line conservative therapy to substantiate the prescription of anti-epilepsy drugs. The request for Topamax tablets 50 mg, sixty count, is not medically necessary or appropriate.