

Case Number:	CM14-0062175		
Date Assigned:	07/11/2014	Date of Injury:	07/17/2013
Decision Date:	09/23/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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 applicant is a [REDACTED] employee who has filed a claim for chronic neck pain, posttraumatic headaches, and dizziness reportedly associated with industrial injury of July 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and transfer of care to and from various providers in various specialties. In a utilization review report dated April 2, 2014, the claims administrator denied a request for Naprosyn, mirtazapine, and topiramate. The claims administrator invoked a variety of non-MTUS Guidelines, including non-MTUS ODG Guidelines on Naprosyn, non-MTUS ODG Guidelines on mirtazapine, and non-MTUS ODG Guidelines on anticonvulsants. The applicant's attorney subsequently appealed. In a September 13, 2013 progress note, the applicant presented with persistent complaints of headaches and neck pain with associated stiffness appreciated on exam. A MRI of the cervical spine and head and Norflex were endorsed. On November 20, 2013, the applicant was described as employing Remeron for sleep issues and stated that she was sleeping well. The applicant was also feeling somewhat depressed. The applicant was not working with a 20 pound lifting limitation in place, it was suggested. Naprosyn, mirtazapine, and topiramate were endorsed. On December 18, 2013, the applicant received four trigger point injections. The applicant was not working, it was reiterated. The applicant seemingly suggested that issues with sleep and depression have abated somewhat following introduction of Remeron, but did state that she was still having some difficulty interacting with others. Naprosyn, mirtazapine, and Remeron were endorsed. It was stated that the applicant's headaches were less intense with the current medication regimen. Home exercises and aquatic therapy were endorsed, along with a 20-pound lifting limitation. On March 12, 2014, it was again stated that the applicant's headaches had diminished in severity and intensity with her current medication

regimen. It was stated that the applicant had returned to full-time work with no limitations. Mirtazapine, topiramate, and Naprosyn were again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 tab po q8h #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: NSAIDs.

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic neck pain and headaches reportedly present here. The applicant had demonstrated treatment success with ongoing usage of Naprosyn as evidenced by her successful return to regular duty work. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Mirtazapine 15mg 2 tabs po qhs #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as mirtazapine "may be helpful" to alleviate symptoms of depression. In this case, the attending provider has posited that ongoing usage of mirtazapine (Remeron) has ameliorated the applicant's mood, ability to interact with others, and sleep. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Topiramate 50mg tab po bid #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Antiepilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Topamax Medication Guide.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does note that topiramate can be considered for neuropathic pain while other anticonvulsants fail, the MTUS does not address all indications for topiramate. As noted by the Food and Administration (FDA), topiramate or Topamax can be employed in the treatment of monotherapy for epilepsy, adjunctive therapy for epilepsy, and/or migraine headache prophylaxis. In this case, it appears that the applicant is using topiramate for the latter purpose, i.e., for migraine headache prophylaxis. The attending provider has posited the ongoing usage of topiramate has attenuated the frequency, intensity, and severity of the applicant's issues with migraine headaches. The applicant did ultimately demonstrate treatment success with topiramate as evinced by the applicant's eventual return to the regular duty work at Stater Brothers Markets. Continuing topiramate, on balance, is therefore indicated, given the applicant's favorable response to the same. Therefore, the request is medically necessary.