

Case Number:	CM14-0079537		
Date Assigned:	07/18/2014	Date of Injury:	06/02/2010
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/30/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 47 year old with an injury date on 6/2/10. Patient complains of headaches, concentration problems, dizziness, and double vision per 3/28/14 report. Patient's current medications are Prilosec, Zanaflex, Topamax, Tigan, Naprosyn per 3/28/14 report. Based on the 3/28/14 progress report provided by the treating physician the diagnoses are post traumatic vascular type headaches with cognitive dysfunction and dizziness, cervical radiculopathy, chronic myofascial pain syndrome, cervical and thoracic spine and sprain injury, right shoulder. Exam on 3/28/14 showed "head tender right suboccipital area. Motor 5/5. Cervical: decreased range of motion, decreased sensation on right more than left. Gait is okay. Deep tendon reflexes 2+. The treating physician is requesting one month supply of Zanaflex, one month supply of Topamax, one month supply of Tigan 300mg, and one month supply of Prilosec. The requesting provider, provided treatment reports from 11/7/13 to 3/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month supply of Zanaflex: Overturned

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 Muscle Relaxants for pain, Page(s): 66.

Decision rationale: This patient presents with headaches. The treating physician has asked for one-month supply of Zanaflex on 3/28/14. The patient's neck/upper back pain is being well controlled by current medications per 2/20/14 report. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the requested one-month supply of Zanaflex appears reasonable for patient's continued myofascial neck pain. As such, the request is medically necessary.

One (1) month supply of Topamax: Overturned

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 TOPAMAX Page(s): 16-22.

Decision rationale: This patient presents with headaches. The treating physician has asked for one month supply of Topamax on 3/28/14. The 2/20/14 report states Topamax is making headaches less intense/frequent. Regarding Topiramate (Topamax) MTUS recommends for neuropathic pain when other anticonvulsants fail. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. While Topamax is generally used for neuropathic pain, it is also indicated for headaches. In this case, the patient has seen improvement in headaches with use of Topamax, and requested one month supply appears reasonable. As such, the request is medically necessary.

One (1) month supply of Tigan 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: This patient presents with headaches. The treating physician has asked for one month supply of Tigan 300 mg on 3/28/14. Regarding anti-emetics (for opioid nausea), ODG pain chapter states they are not recommended for nausea and vomiting secondary to chronic opioid use. According to Healthlineplus, trimethobenzamide is used to treat nausea and vomiting that may occur after surgery. It is also used to control nausea caused by gastroenteritis. In this case, the patient is not suffering from post-surgical nausea or gastroenteritis. Requested one month supply of Tigan 300mg for nausea related to opioid use is not indicated. As such, the request is not medically necessary.

One (1) month supply of Prilosec: 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 NSAIDS GI symptoms & cardiovascular risk.

Decision rationale: This patient presents with headaches. The treating physician has asked for a one month supply of Prilosec on 3/28/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD. The treating physician does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. As such, the request is not medically necessary.

