

Case Number:	CM14-0085805		
Date Assigned:	07/23/2014	Date of Injury:	07/17/2013
Decision Date:	12/31/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 31-year-old female who sustained an injury on 7/17/13. As per the 3/12/14 report, she presented with less frequent neck pain and less intense headaches. Examination revealed the ranges of motion of the cervical spine to be grossly within normal limits, positive Romberg and she could perform tandem gait with her eyes open, but she could not perform tandem gait with her eyes closed. There were no diagnostic studies, past surgeries or treatments documented. Current medications include Naproxen, Mirtazapine, and Topiramate. Her medications are working very well for her and with medications her headaches are less intense and neck pain is less frequent and she is able to work full time. Naproxen, Mirtazapine and Topiramate were prescribed and a pharmacologic assessment and management was recommended. Diagnoses include post-traumatic vascular type headaches and dizziness and chronic myofascial pain syndrome; cervical spine. The request for Naproxen 550mg 1 tab #120, Mirtazapine 15mg 2 tabs #120 and Topiramate 50mg 1 tab BID was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, 1 tab #120: 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 Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. Naproxen 500mg dosing more than twice daily is not recommended. Furthermore, Long-term use of NSAIDs is not recommended due to their side effects. Therefore, the medical necessity of the request for refill of Naproxen is not considered medically necessary.

Mirtazapine 15mg, 2 tabs #120: 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 antidepressants for chronic pain Page(s): 13.

Decision rationale: Per CA MTUS guidelines, Antidepressants (such as Mirtazapine) for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, there is no evidence of depressive disorder or neuropathic pain in the submitted records. There is no documentation of trial and failure of first line therapy. Furthermore, there is no clear evidence of any significant improvement in function or pain specifically with its use. Therefore, the medical necessity of the request is considered not medically necessary in accordance to guidelines.

Topiramate 50mg, 1 tab 2 times a day (BID): 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 Topamax Page(s): 113, 22, 21.

Decision rationale: As per CA MTUS guidelines, Topamax is recommended for treatment of neuropathic pain. Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, there is no evidence of neuropathic pain. There is no documentation of trial and failure of first line therapy.

Furthermore, there is no documentation of significant reduction in pain level (i.e. VAS) or objective functional improvement with the use of this medication. Thus, the request is not medically necessary and is non-certified.