

Case Number:	CM14-0089456		
Date Assigned:	09/10/2014	Date of Injury:	06/21/2004
Decision Date:	10/03/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old female who was injured on 6/21/2004. She was diagnosed with lumbar sprain, sacroiliitis, sciatica, chronic pain, depression, and headaches. She was treated with medications including opioids, antidepressants, sleep aids, topical analgesics, benzodiazepines, stimulants, and anti-convulsants, as well as TENS unit, ice, and heat. Her Kadian had been used since 2008 or earlier, and her Topamax had been used since at least 2012. On 8/26/2011, the worker complained to her primary physician's assistant that she was having a "huge migraine" and was not inquired any more about it and did not diagnose the worker with migraines. Sometime afterwards (before 11/2012) she was prescribed Topamax for her headaches. On 5/7/2014, the worker was seen again by her primary physician's assistant complaining of her flare-ups of hip pain over the prior ten days rated at an 8/10 on the pain scale and radiating into her groin and sometimes down her leg. She reported that she found Kadian and Topamax helpful at reducing pain and improving function (no specifics mentioned in note). No diagnosis of migraine was listed in the progress note. She was recommended to continue her medications which included Kadian and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Topiramate Topamax 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax- Anti epilepsy drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Migraine

Decision rationale: The Chronic Pain Guidelines state that anti-epileptic medications such as Topamax may be recommended for peripheral neuropathic pain, but has limited benefit for "central" neuropathic pain. The California Medical Treatment Utilization Schedule (MTUS) does not mention it as a recommended treatment for migraine/headache. The Official Disability Guidelines (ODG) states that the recommended medication categories for migraines are triptans. There is no mention of Topamax or similar anti-epileptic medications being recommended for the treatment of migraine. Although, Topamax is commonly used for the prophylaxis of migraines with some studies to suggest benefit, it has side effects that are undesirable. In the case of this worker, there was no documented diagnosis of migraine, nor any evidence that the worker's headaches were migraines, nor how often or severe they were prior to starting Topamax around 2011 or 2012, based on the documents available for review. Due to the lack of documentation of the worker's headaches (frequency, severity, quality, etc.) before and after starting the medication and the quantity of pills requested, Topamax is not medically necessary to continue.

60 Kadian ER 20mg Capsule: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using Kadian chronically for many years leading up to this request. The required review associated with this medication was not fully implemented and documented in the progress notes, which is required to justify continuation so as to show evidence of benefit. Functional status (more specifics) and pain relief (quantified) due to Kadian use was lacking in the documentation. Also, the request was missing a number of pills, which is required. Therefore, continuation of Kadian is not medically necessary.

