

Case Number:	CM14-0094288		
Date Assigned:	08/06/2014	Date of Injury:	12/02/1998
Decision Date:	10/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 61 year old female who was reportedly injured on 12/02/1998. The last progress report dated 06/02/2014 stated subjective complaints of headaches, neck pain, bilateral shoulder girdle and bilateral upper extremity pain, mid and low back pain and bilateral buttock and bilateral lower extremity pain. Pain was 3-10/10. Objective findings showed her posture with head forward. Globally de-conditioned. The injured worker had straightening of the normal cervical lordosis with a slightly enhanced thoracic kyphosis. Decreased cervical range of motion was noted. Medications include Neurontin 600mg three times a day, zanaflex, Prozac, Lidoderm, Zofran, Promethazine.. Diagnosis: Chronic pain, Migraine headache, Cervicalgia, occipital neuralgia, left shoulder pain, back pain, anxiety / depression. A request was made for Topamax 25mg and Imitrex 25mg and was not certified in the pre-authorization process on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax Tablet 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aniepilepsy Drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 21.

Decision rationale: As per California MTUS guidelines, Topamax 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, there is no evidence of neuropathic pain unresponsive to first line therapy. Furthermore, the IW is already on Neurontine. Two similar anti-epileptic drugs are not recommended in the treatment of neuropathic pain. Therefore, the request is not medically necessary.

Imitrex Tablet 100mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com, Imitrex (sumatriptan)

Decision rationale: Imitrex (sumatriptan) is a headache medicine that narrows blood vessels around the brain. Imitrex also reduces substances in the body that can trigger headache pain, nausea, sensitivity to light and sound, and other migraine symptoms. Imitrex is used to treat migraine headaches. In this case, there is no record of a detailed documentation of headaches such as pain patterns and its frequency, aura, sensitivity to light / sound, associated nausea, frequency of pain, etc. Furthermore, there is no clear diagnosis of Migraine headache in this injured worker. Moreover, this injured worker is also taking Neurontin. Thus, the request is considered not medically necessary due to lack of documentation.