

Case Number:	CM14-0096866		
Date Assigned:	07/28/2014	Date of Injury:	03/08/2005
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain, upper extremity paraesthesias, and migraine headaches reportedly associated with an industrial injury of March 8, 2005. Thus far, the patient has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxants; opioid agents; and adjuvant medications. In a Utilization Review Report dated June 9, 2014, the claims administrator denied a request for Topiramate, approved a request for Gabapentin, approved a request for Norco, denied a request for Soma, approved a follow-up visit, and denied an adjustable bed and mattress. The claims administrator cited non-MTUS-Aetna Guidelines on Hospital Beds and Mattresses and also invoked non-MTUS-ODG guidelines on office visits. The overall Utilization Review Report was extremely difficult to follow and was over 20 pages long. The applicant's attorney subsequently appealed. In a May 28, 2014 appeal letter, the attending provider stated that usage of Topiramate and Soma had diminished the patient's pain level by 50% and allowed her to perform activities of daily living such as household chores. The attending provider also posited that the patient's last cervical MRI was in 2009 and that an updated MRI was indicated on the grounds that the applicant was likely considering surgery involving the cervical spine. In a May 19, 2014 progress note, the patient reported 5-6/10 neck pain. She stated that a cervical epidural steroid injection had provided some transient pain relief. She was awaiting authorization for an adjustable bed and mattress. The patient was on Norco, Topamax, Neurontin, Soma, and Maxalt and stated that these medications allowed her to perform household chores and diminished her pain by 50% temporarily. The attending provider stated that the patient had failed oral Ibuprofen, Ketoprofen, and Naprosyn and had last worked in March 2005. Multiple medications were refilled. A repeat epidural steroid injection was sought. The patient was asked to obtain an

adjustable bed and mattress. On February 3, 2014, it was suggested that the patient was using Norco, Topamax, Neurontin, Soma, and Maxalt. The attending provider again posited that ongoing medication usage had proven beneficial here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg #120: Overturned

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Topiramate or Topamax is indicated in the treatment of neuropathic pain when other anticonvulsants failed. In this case, the attending provider has suggested, albeit obliquely and incompletely, that Topiramate was introduced owing to the fact that earlier usage of Gabapentin was not altogether effective. The attending provider has posited that ongoing usage of Topiramate has diminished the patient's pain levels and, furthermore, has ameliorated her ability to perform household tasks. Continuing the same, on balance, is indicated. Therefore, the request for Topiramate 50mg #120 is medically necessary.

Adjustable bed and mattress: 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 ACOEM Practice Guidelines, Third Edition, Cervical and Thoracic Spine Chapter, Sleep Pillows and Posture section; Chronic Pain Chapter, Specific Treatment Intervention Section.

Decision rationale: The MTUS does not address the topic. According to the Third Edition ACOEM Guidelines Neck Chapter, however, there is no recommendation for or against usage of any specific commercial products such as pillows and/or the bed and mattress being sought here as there is no evidence that these commercial products have any role in the treatment or prevention of chronic neck pain, as is present here. No medical evidence to support provision of the bed and/or mattress was furnished in the face of the unfavorable ACOEM position on the same. Therefore, the request for an adjustable bed and mattress is not medically necessary.

Soma 350 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation ODG-TWC, Muscle relaxants, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the patient is, in fact, concurrently employing opioid agents, including Norco. Adding Carisoprodol or Soma to the mix, particularly on the chronic and long-term used purpose proposed by the attending provider, is not indicated. Therefore, the request for Soma 350mg #30 is not medically necessary.