MAXIMUS Federal Services

Case Number:	CM14-0206868		
Date Assigned:	12/19/2014	Date of Injury:	08/03/2006
Decision Date:	02/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Practice, 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:

58 yr. old male claimant sustained a work injury on August 3, 2006 involving the neck and low back. Prior MRI of the cervical and lumbar spine showed cervical disc disease at C-5-C6 with a radicular component. There was disc disease at L5- S1. Prior EMG and nerve studies showed radiculopathy at S1. A progress note on November 17, 2014 indicated the claimant had not received improvement from prior massage therapy and chiropractic care. He had issues with prior concussion and worsening headaches for which he was on Topamax. Exam findings were notable for tenderness in the cervical and lumbar paraspinal muscles with pain along the facets. Additional 12 sessions of therapy was recommended as well as a referral to neurology. The claimant was continued on Norco, Naproxen, Prilosec, Flexeril, Trazodone, Terocin patches, Tramadol, Gabapentin and Topamax. He had been on the above medications for over six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after Acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks for which the claimant had to be on a proton pump inhibitor. Continued use of Naproxen is not medically necessary.

Flexeril 7.5 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period along with several agents without significant improvement. Continued use is not medically necessary.

Terocin Patches # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily it is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug the is not recommended is not recommended and therefore Terocin patches are not medically necessary.

Topomax 50 mg # 120, two tablets twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Page(s): 16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment of Acute Migraine Headache Am Family Physician. 2011 Feb 1; 83(3):271-280

Decision rationale: Topamax is an antiepileptic often used for migraines. According to the MTUS or ODG guidelines there are no specific guidelines for migraines from head trauma but specifically make the following comment: Anti-epilepsy drugs (AEDs) are also referred to as anti-convulstants.Furthermore, the treatment for acute migraines after NSAIDs and Acetaminophen have failed is triptans and ergotamines (AAFP cited above). The claimant has been on Topamax for several months without specific remark to headache improvement or quality of symptoms. Continued use of Topamax is not supported in the clinical information and is therefore not medically necessary.