

<b>Case Number:</b>	CM15-0109292		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45-year-old female who sustained an industrial injury on 2/10/15. She reports bilateral temporomandibular joint pain and headache, described as sharp, burning, and extremely severe with a duration of 85 days. The symptoms are exacerbated by eating and talking. The symptoms are lessened by medications. A primary treating physician progress note dated 5/6/15 reports chronic temporomandibular joint after a jaw blow secondary to a fall from a truck. Diagnoses are temporomandibular arthralgia and head injury unspecified. Contusion of face and scalp, cervical sprain, contusion with LOCA computerized tomography of the head without contrast done 3/19/15 was negative. In a progress note dated 4/16/15, the primary treating physician reports a follow up visit for chronic right temporomandibular joint after a head contusion. The severity of pain was reported as 8/10. Treatments have included Mobic and Naproxen. Examination revealed facial/head tenderness and bilateral temporomandibular joint tenderness to palpation and crepitus. Mobic was no longer helping at 7.5 mg dose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with TENS unit to the jaw for TMJ and to the head, 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

**Decision rationale:** The injured worker sustained a work related injury on 2/10/1. The medical records provided indicate the diagnosis of temporomandibular arthralgia and head injury unspecified, contusion of face and scalp, cervical sprain, contusion with LOC. Treatments have included Mobic and Naproxen. The medical records provided for review do not indicate a medical necessity for physical therapy with TENS unit to the jaw for TMJ and to the head, 2 times a week for 3 weeks. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long-term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. TENS unit has been found useful in the treatment of Neuropathic pain (including diabetic neuropathy and post-herpetic neuralgia), phantom limb pain, CRPS II, and spasticity. The injured worker has not been diagnosed with any of these conditions. Therefore, the request is not medically necessary.

**Retrospective Topamax 25 mg #120 with 4 refills prescribes on 5/1/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** The injured worker sustained a work related injury on 2/10/1. The medical records provided indicate the diagnosis of temporomandibular arthralgia and head injury unspecified, contusion of face and scalp, cervical sprain, contusion with LOC. Treatments have included Mobic and Naproxen. The medical records provided for review do not indicate a medical necessity for Retrospective Topamax 25 mg #120 with 4 refills prescribes on 5/1/2015. Topamax is an anti-epilepsy drug with variable efficacy recommended for use in the treatment of neuropathic pain that has failed treatment with other anti-epilepsy (anticonvulsants) medications. The medical records do not indicate the injured worker has failed treatment with other anti-epilepsy drugs for a neuropathic condition. Therefore, the request is not medically necessary.

**Retrospective Nortriptyline 25 mg #30 with 4 refills prescribed on 5/1/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

**Decision rationale:** The injured worker sustained a work related injury on 2/10/1. The medical records provided indicate the diagnosis of temporomandibular arthralgia and head injury unspecified, contusion of face and scalp, cervical sprain, contusion with LOC. Treatments have included Mobic and Naproxen. The medical records provided for review do not indicate a medical necessity for Retrospective Nortriptyline 25 mg #30 with 4 refills prescribed on 5/1/2015. Nortriptyline is a tricyclic antidepressant. The antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS recommends that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Assessment should also include side effects, including excessive sedation. The MTUS recommends that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. Therefore, the requested treatment is not medically necessary since the records do not indicate that this injured worker is being assessed as recommended by the guideline.

**Retrospective Indocin 25 mg #60 with 4 refills prescribed on 5/1/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indomethacin (Indocin ½, Indocin SR ½).

**Decision rationale:** The injured worker sustained a work related injury on 2/10/1. The medical records provided indicate the diagnosis of temporomandibular arthralgia and head injury unspecified, contusion of face and scalp, cervical sprain, contusion with LOC. Treatments have included Mobic and Naproxen. The medical records provided for review do not indicate a medical necessity for Retrospective Indocin 25 mg #60 with 4 refills prescribed on 5/1/2015. The medical records indicate the injured worker responded well to Naproxen, but there was no explanation for switching to Indocin which belongs to the "N" list or do not prescribe list of the Official Disability Guidelines. The Official Disability Guidelines recommends against the use of Indomethacin (indocin) due to several side effects compared to other NSAIDs like Naproxen and Ibuprofen. Therefore, the request is not medically necessary.