

Case Number:	CM15-0143057		
Date Assigned:	08/04/2015	Date of Injury:	10/03/2013
Decision Date:	09/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, with a reported date of injury of 10-03-2013. The injured worker's date of birth was not indicated in the medical records provided for review. The mechanism of injury was being hit in the head by a high pressure pipe. The pipe hit him in the right temporal bone skull. The injured worker's symptoms at the time of the injury included loss of consciousness for less than one minute and a laceration to the right side of the head. The diagnoses include concussion, right temporal scalp laceration, post-traumatic headaches, post-traumatic stress disorder, and bilateral extrapyramidal tremor. Treatments and evaluation to date have included oral medications. According to the medical report dated 06/01/2015, the diagnostic studies to date have included a CT scan of the head which showed no evidence of acute intracranial abnormality and right lateral scalp soft tissue laceration. The medical report dated 06/15/2015 indicates that the injured worker had an MRI of the brain on 08-28-2014, CT scans of the head on 01-08-2009 and 10-04-2013, and an x-ray of the cervical spine on 01-08-2009. The evaluation report dated 06-15-2015 indicates that the injured worker continued to experience pain in his head, with post-concussion headaches. The headaches occurred daily and were pulsatile on the right temporal region. The pain was associated with photophobia and mild nausea. The injured worker rated his pain 5 out of 10. The treatment plan included the prescription of Celebrex 200mg, one capsule daily as needed "to reduce his joint pain arising from his head". The plan also included the prescription of Topiramate 25mg, one tablet two hours prior to sleep nightly "to reduce his neuralgia arising from his head". The objective findings include right upper arm tremor, limited memory, increased anxiety and fear of

interpersonal activity, limited facial expression, decreased cervical spine range of motion, mild tremor in the tongue, labial muscles, and muscles of the fascial expression, moderate tenderness of the bilateral occipitalis muscle, and mild tenderness of the bilateral sub-occipitalis muscle. It was noted that the injured worker was unable to return to work due to his tremor, headaches, depression, and neck pain. The treating physician requested Topiramate 25mg #30 and Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-17 and 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs), (Effective July 18, 2009) Page(s): 16-21.

Decision rationale: Regarding request for Topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Anti-epileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested topiramate (Topamax) is not medically necessary.

Celebrex 200 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 30, 67-68 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Risk, (Effective July 18, 2009) Page(s): 22 and 30.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.