

Case Number:	CM15-0182342		
Date Assigned:	09/23/2015	Date of Injury:	01/10/2013
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained an industrial injury on January 10, 2013. She reported head pain, neck pain, ringing in the ears, memory loss, anxiety, depression and insomnia after being struck in the head by a toy and becoming unconscious for a short period of time. The injured worker was diagnosed as having chronic myofascial pain syndrome of the cervical spine, posttraumatic labyrinthitis with dizziness, pain and numbness of the bilateral upper extremities secondary to cervical radiculopathy versus peripheral nerve injury, status post open reduction internal fixation (ORIF) of the left hip, head trauma, posttraumatic head syndrome, disorder of sleep and arousal, posttraumatic headaches, cervical spine strain and sprain, history of cavernous hemangioma, memory loss and psychological factors affecting the physical condition. Treatment to date has included diagnostic studies, radiographic imaging, medications and work restrictions. It was noted her last day of employment was on 1-10-2013 and her status was noted as totally temporarily disabled. Currently, the injured worker continues to report head pain, neck pain, ringing in the ears, memory loss, anxiety, depression and insomnia. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. Evaluation on June 15, 2015, revealed continued pain with associated complaints as noted. She noted ringing in the ears, right side greater than the left side, ongoing imbalance with veering to the right while standing and walking, daytime fatigue, daily headaches and memory loss. She noted lying down is helpful. She reported lying down most of the time. The physician recommended an updated brain magnetic resonance image (MRI) and an electroencephalogram to assess head trauma, memory loss, concentration and focus problems. It was noted she lost her

balance and fell on July 10, 2015, causing a fracture to the left hip. She underwent left hip surgery on July 11, 2015. It was noted since then she uses a walker for ambulation. Evaluation on August 3, 2015, revealed daily headaches with associated nausea and vomiting, dizziness, neck pain, loss of balance and upper extremity pain and numbness, worse on the right than the left. She rated her pain at 6-8 on a 1-10 scale with 10 being the worst, without the use of medications. She noted the pain and associated symptoms wake her 4-5 times nightly. The cervical range of motion was decreased and noted as painful. There were several noted myofascial trigger points and taut bands noted throughout the cervical muscles. Topamax and Ultram were recommended for her vascular type headaches. The RFA included requests for Topamax 25 mg #60 and Ultram 50 mg #90 and was non-certified on the utilization review (UR) on August 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The medical records indicate the patient has ongoing daily headaches and neck pain. The current request for consideration is Ultram 50 mg #90. The attending physician saw this patient for an initial evaluation on 8/3/15, page (44b). As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has moderate to severe pain. The attending physician is anticipating significant reduction in pain and increased function with this medication. The attending physician is not aware of aberrant drug behavior or addictive behavior. In this case, the available medical records establish medical necessity for the request of Ultram 50 mg #90.

Topamax 25 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Topiramate and Other Medical Treatment Guidelines PDR, drug summary, Topiramate.

Decision rationale: The medical records indicate the patient has ongoing daily headaches and neck pain. The current request for consideration is Topamax 25 mg #60. The attending physician report dated 8/3/15, page (44b) offers no discussion for the request of this medication. ODG-TWC guidelines has the following regarding the use of anti-epileptic drugs for chronic pain: "Recommended for neuropathic pain (pain due to nerve damage), but not for acute somatic pain. Topiramate (Topamax, generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology." The PDR states Topiramate is indicated for treatment of migraines. In this case, there is evidence the patient is suffering from migraine. The treating physician diagnoses the IW with post-traumatic headaches. However, the IW's symptoms fulfill the IHS criteria for migraine without aura. The attending physician has ordered an MRI of the brain and electrodiagnostic studies. The current request is medically necessary.