

Case Number:	CM15-0195225		
Date Assigned:	10/09/2015	Date of Injury:	09/08/2004
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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, New York, California
 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 applicant is a represented 59-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of September 8, 2004. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve requests for Topamax and four trigger point injections reportedly performed on September 17, 2015. The applicant's attorney subsequently appealed. The claims administrator's log, however, was surveyed. The most recent note on file, however, was apparently dated August 21, 2015. On August 20, 2015, the applicant reported ongoing complaints of neck and shoulder pain with derivative complaints of migraines headaches. The applicant was on Effexor, Gralise, tramadol, and Neurontin, it was stated in various sections of the note. 6/10 pain with medication versus 8/10 pain without medication was reported. The applicant was no longer working, it was reported. The applicant has not worked since the date of injury, it was acknowledged. The applicant had undergone multiple surgical procedures, to include carpal tunnel release procedures, a trigger thumb release, and a shoulder surgery. The applicant also had undergone earlier laminectomy-fusion surgeries in 1970s, it was reported. The applicant was also using H-wave device, it was reported. Multiple medications, including Effexor and gabapentin, were renewed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x4, performed 9/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: No, the request for four trigger point injections performed on September 17, 2015 was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes, however, that trigger point injections are "not recommended" in the treatment of radicular pain, as was seemingly present here on August 20, 2015. The applicant reported complaints of radiating neck pain. The applicant was using gabapentin, presumably for residual radicular pain complaints, the treating provider suggested. While it is acknowledged that the September 17, 2015 office visit on which injections in question were performed was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Similarly, the request for Topamax (topiramate), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is still considered for use for neuropathic pain when other anticonvulsants fail, here, however, there was no mention of the applicant's having failed other anticonvulsants on the most recent note on file dated August 20, 2015. The applicant was reportedly using gabapentin on that date, seemingly obviating the need for Topamax. While it acknowledged that the September 17, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.