

Case Number:	CM15-0198784		
Date Assigned:	10/14/2015	Date of Injury:	02/13/2002
Decision Date:	11/20/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 63 year old female sustained an industrial injury on 2-13-02. Documentation indicated that the injured worker was receiving treatment for intractable migraine headaches with aura. In a office visit dated 7-25-14, the physician stated that the injured worker had been diagnosed with migraine headaches 30 years ago. Typical migraine headache frequency was a couple of times a month. The injured worker took Topamax and Relpax. The injured worker reported that Relpax provided resolution of migraines for that day but headaches might recur the next day. The injured worker stated that she had weaned herself off Topamax over the last several weeks with a corresponding increase in migraine severity. The physician noted that the injured worker's compliance with treatment had been poor. The injured worker did not follow-up as directed. In an office visit dated 3-6-15, the injured worker complained of ongoing migraines, occurring one to two times per month. The physician noted that compliance with treatment had been good. The injured worker was taking Topamax and Relpax for the migraines. The injured worker took Tramadol to relieve the myalgias caused by Relpax. The treatment plan included medication refills (Topamax, Tramadol and Relpax). In an office visit dated 9-29-15, the injured worker reported that there had been no changes with her migraines. The physician stated that the injured worker got two migraines per month that lasted for five days and responded to daily doses of Relpax. The injured worker had been prescribed Topamax and Relpax since at least 7-25-14 and Tramadol since at least 3-6-15. The treatment plan included medication refills (Topamax, Relpax and Tramadol). On 10-6-15, Utilization Review modified a request for Tramadol 50mg

#120 to Tramadol 50mg #30 and Relpax 40mg #144 to Relpax 40mg #72 and noncertified a request for Topamax 100mg #720.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol 50 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is migraine with aura, without mention of intractable migraine, without mention of status migrainosis. Date of injury is February 13, 2002. Request authorization is September 29, 2015. According to a September 29, 2015 progress note, the injured worker suffers with migraines for 30 years. The injured worker takes tramadol to relieve the myalgias associated with Relpax. The documentation does not demonstrate objective functional improvement to support ongoing tramadol. According to the request for authorization, tramadol 50 mg #60 with one refill (#120); Relpax 40 mg one PRN #12 with 11 refills (#144) and Topamax 100 mg 1 QD #180 with three refills (#720) were requested. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement, tramadol 50 mg #120 is not medically necessary.

Relpax 40 mg #144: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a603029.html>.

Decision rationale: Pursuant to Medline plus, Relpax 40 mg #144 is not medically necessary. Eletriptan is used to treat the symptoms of migraine headaches (severe throbbing headaches that sometimes are accompanied by nausea and sensitivity to sound and light). Eletriptan is in a class of medications called selective serotonin receptor agonists. It works by narrowing blood vessels in the brain, stopping pain signals from being sent to the brain, and blocking the release of certain natural substances that cause pain, nausea, and other symptoms of migraine. Eletriptan does not prevent migraine attacks or reduce the number of headaches you have. In this case, the injured worker's working diagnosis is migraine with aura, without mention of intractable migraine, without mention of status migrainosis. Date of injury is February 13, 2002. Request authorization is September 29, 2015. According to a September 29, 2015 progress note, the injured worker suffers with migraines for 30 years. The injured worker takes tramadol to relieve the myalgias associated with Relpax. The documentation does not demonstrate objective functional improvement to support ongoing tramadol. According to the request for authorization, tramadol 50 mg #60 with one refill (#120); Relpax 40 mg one PRN #12 with 11 refills (#144) and Topamax 100 mg 1 QD #180 with three refills (#720) were requested. According to the utilization review, Relpax #132 was dispensed March 17, 2015. This indicates there is a six-month reserve for the aforementioned medication. The request for Relpax is premature at this time. There is no clinical indication or rationale for additional Relpax. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines along with a six-month reserve for Relpax, Relpax 40 mg #144 is not medically necessary.

Topamax 100 mg #720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs).

Decision rationale: Pursuant to the Official Disability Guidelines, Topamax 100 mg #720 is not medically necessary. Topiramate is an anti-epilepsy drug (AED). AED's recommended for neuropathic pain, but not for somatic pain. Topiramate has been shown to have variable efficacy in neuropathic pain of central etiology. It is considered for use when other anticonvulsants have failed. In this case, the injured worker's working diagnosis is migraine with aura, without mention of intractable migraine, without mention of status migrainosis. Date of injury is February 13, 2002. Request authorization is September 29, 2015. According to a September 29, 2015 progress note, the injured worker suffers with migraines for 30 years. The injured worker takes tramadol to relieve the myalgias associated with Relpax. The documentation does not demonstrate objective functional improvement to support ongoing tramadol. According to the request for authorization, tramadol 50 mg #60 with one refill (#120); Relpax 40 mg one PRN #12 with 11 refills (#144) and Topamax 100 mg 1 QD #180 with three refills (#720) were requested. According to the utilization review, Topamax #720 was dispensed March 17, 2015. The injured worker was given a two-year supply as of March 17, 2015. The request for authorization dated September 29, 2015 is premature with an 18-month reserve. There is no clinical indication or rationale for additional Topamax at this time. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines along

with an 18 month reserve of Topamax, Topamax 100 mg #720 is not medically necessary.