

Case Number:	CM15-0201316		
Date Assigned:	10/16/2015	Date of Injury:	10/17/2014
Decision Date:	12/28/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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: Virginia
Certification(s)/Specialty: Neurology

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 34 year old male, who sustained an industrial injury on 10-17-2014. The medical records indicate that the injured worker is undergoing treatment for traumatic brain injury, retrograde amnesia with brain injury, post-traumatic headaches, status post open reduction for right radial fracture, status post right carpal tunnel release, and status post left wrist surgery. According to the progress report dated 8-11-2015, the injured worker presented with complaints of persistent neck pain and headaches (4 out of 10) and bilateral wrist pain (6 out of 10). The physical examination of the cervical spine reveals tenderness over the facet joints, spasms in the paraspinal muscles, and limited range of motion secondary to pain. There is tenderness noted in the bilateral wrist joint, left worse than right. The current medications are Topamax (since at least 6-18-2015), Zolpidem (since at least 7-9-2015), and Etodolac. Previous diagnostic studies include x-rays and CT scans. Treatments to date include medication management and surgical intervention. The treating physician states that "he is authorized for only limited sessions of speech therapy and occupational therapy and the authorization is already expired." Work status is described as off work. The original utilization review (9-11-2015) partially approved a request for Topamax 25mg #45 (original request was for #60). The request for Zolpidem 5 mg #20, 16 occupational therapy sessions, and 16 speech therapy sessions were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #60: Upheld

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

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

Decision rationale: Chronic pain medical treatment guidelines recommend antiepileptic drugs for chronic neuropathic pain due to nerve damage. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of a "central" etiology. It is considered for use in neuropathic pain when other anticonvulsants have failed. In the case of the injured worker, it is documented in the clinical note dated 7/9/2015 that he has been using Topamax for treatment of pain. There is no specific documentation as to the efficacy of this treatment for his pain. There is no specific documentation of pain improvement over time with this medication. Therefore, according to the guidelines, and after a review of the evidence, treatment with Topamax-25 mg #60 is not medically necessary.

Zolpidem 5mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, section Zolpidem.

Decision rationale: The Official Disability Guidelines recommends zolpidem for short-term (7 through 10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often difficult to obtain. They are not recommended for long-term use. They can be habit forming and may impair function and memory. In the case of the injured worker, there is documentation of treatment with zolpidem and clinical notes dated 04/16/2015 and again on 7/9/2015 indicating a more chronic use of this medication. There is no specific documentation in the medical record commenting on its effectiveness. Therefore, according to the guidelines, and after a review of the evidence, treatment with zolpidem 5 mg #20 tablets is not medically necessary.

Sixteen (16) occupational therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines, Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter (trauma, headaches etc, not including stress and mental disorders) Physical Medicine treatment.

Decision rationale: Official disability guidelines recommend occupational therapy for patient's after traumatic brain injury. Treatment is divided into an acute, subacute, and postacute periods. Early treatment is for evaluation of functional status and later methods are used as a means of treatment for rehabilitation. The guidelines further allow for a weaning treatment of frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Medical treatment recommends 8 visits over 10 weeks. In the case of the injured worker, there is documentation that occupational therapy was initiated on 10/20/2014. There is further documentation that 6 further visits were authorized on 6/10/2015. Therefore, according to the guidelines, and after a review of the evidence, no further treatment with OT (16 sessions) is medically necessary.

Sixteen (16) speech therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Speech Therapy (ST).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Speech Therapy section.

Decision rationale: Official Disability Guidelines recommends speech therapy treatment in patients where there is a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma or a medically based illness or disease. Clinically documented functional speech disorders resulting in an inability to perform at a previous functional level is required. Documentation support an expectation by the physician that a measurable improvement is anticipated in 4-6 months. In the case of the injured worker, there is neither specific documentation of a functional speech disorder nor is there a documentation of either past specific measurable improvements or expected further improvements using speech therapy. Therefore, according to the guidelines, and after a review of the evidence, treatment with 16 speech therapy sessions is not medically necessary.