

Case Number:	CM15-0204906		
Date Assigned:	10/21/2015	Date of Injury:	08/14/2013
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 35 year old female, who sustained an industrial injury on 08-14-2013. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for cervicgia, myalgia, myositis, and migraine. Treatment and diagnostics to date has included medications. Recent medications have included Topamax and Percocet. Subjective data (07-26-2015 and 09-15-2015), included neck pain and headache. Objective findings (09-15-2015) included tenderness, increased pain with extension, increased pain from side to side turning, and tenderness to paraspinal muscles. The treating physician noted that the injured worker "needs vestibular therapy for vertigo and dizziness". The request for authorization dated 09-15-2015 requested Topamax 50mg tablet-1 tablet by mouth twice a day #60, Percocet, and Vestibular therapy. The Utilization Review with a decision date of 09-29-2015 denied the request for Topamax 50mg tablet #60 and vestibular therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg tablet quantity 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: Topamax (topiramate) is a medication in the anticonvulsant class. The MTUS Guidelines recommend its use for neuropathic pain when other anticonvulsant medications have failed. The literature demonstrates variable efficacy with central neuropathic pain. The submitted and reviewed documentation indicated the worker was experiencing neck and head pains and suggested dizziness and vertigo may be issues. The documented pain assessments were minimal and did not contain the majority of the elements suggested by the Guidelines. There was no mention of seizures or report of findings consistent with neuropathic pain, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Topamax (topiramate) 50mg is not medically necessary.

Vestibular therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Furman JM, et al. Treatment of vertigo. Topic 5097, version 13.0. UpToDate, accessed 12/06/2015.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck and head pains and suggested dizziness and vertigo may be issues. The documented symptom assessments were minimal. There was no discussion detailing the reason this therapy was needed or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for unspecified vestibular therapy is not medically necessary.