

<b>Case Number:</b>	CM15-0041589		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 50-year-old male, who sustained an industrial injury on April 8, 2014. He reported an injury to his face. The injured worker was diagnosed as having facial contusion and right maxillary fracture. Treatment to date has included medication, imaging of the head, imaging of the cervical spine, attempted EMG, and work modifications. Currently, the injured worker complains of headaches, neck pain and left arm pain. He reports that his headaches have worsened since he was taken off Topamax. He reports numbness and tingling with shooting pain from the neck to the left arm. He rates his pain a 6 on a 10 point scale and notes that the pain is constant. The evaluating physician notes that nothing seems significantly better or worse. The plan includes continuation of medications and sphenopalatine ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptics Page(s): 21.

**Decision rationale:** According to the guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In cases of Migraines, triptans are more beneficial. According to the clinical information. The Topamax was used for headaches. In this case, the claimant had already been taking Gabapentin (another-antiepileptic), Voltaren and Norco for pain. The pain was cervical in nature and can be managed by other 1st line agents such as tri-cyclics. The continued use of Topamax is not medically necessary.

**Sphenopalaline ganglion block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG: Head Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103.

**Decision rationale:** According to the guidelines, regional ganglion blocks are not recommended due to lack of evidence and long-term benefit. Proposed indications are: CRPS, peripheral neuropathy, brachial plexalgia, sympathetically maintained pain and vascular disorders. In this case, the claimant does not have diagnoses and the block lacks clinical justification for long-term benefit. Therefore the ganglion block is not medically necessary.