MAXIMUS Federal Services

Case Number:	CM15-0051106		
Date Assigned:	03/24/2015	Date of Injury:	12/05/2002
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/18/2015

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: New Jersey
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 46 year old female, who sustained an industrial injury on 12/05/2002. Initial complaints reported included neck and right shoulder pain. The injured worker was diagnosed as having cervical spine strain/sprain. Treatment to date has included conservative care, medications, conservative therapies, and MRI of the cervical spine. Currently, the injured worker complains of ongoing post-traumatic headaches, dizziness and abnormal tingling with urination. Current diagnoses include headaches. The treatment plan consisted of continued Verapamil and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Verapamil ER 120ml, quantity 30: 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 Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults: report of the Quality Standards Subcommittee of the American

Academy of Neurology and the American Headache Society. Neurology. 2012 Apr 24; 78(17): 1337-45.

Decision rationale: The MTUS Guidelines do not address using verapamil specifically for the treatment of post-traumatic headaches. Evidence is conflicting or inadequate to support or refute the use of calcium channel blockers for migraine or cluster headache prevention/treatment. Also, verapamil is used at times off label for the treatment of headaches. In the case of this worker, there was no specific description or diagnosis to describe the headache type (migraine, cluster, tension, etc.). Also, the reports in the progress notes provided for review state that the worker reported benefit from the use of her medications collectively (nortriptyline, Norco, verapamil) for her headaches, however, there was no separation made of benefit between the medications and how much it helped to help justify the verapamil use specifically. Therefore, due to the lack of specificity in reporting benefit of medication use and the general lack of supportive evidence to use verapamil for post-traumatic headaches, the verapamil is not medically necessary.