

Case Number:	CM14-0115761		
Date Assigned:	08/04/2014	Date of Injury:	12/10/2012
Decision Date:	10/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old male who reported an injury on 12/10/2012. The mechanism of injury was caused due to a metal lid falling on top of his head. His diagnoses included headaches/facial pain, neck pain, and post-concussion syndrome. The injured worker's past treatments included psychotherapy, physical therapy, and steroid injections. His diagnostic exams included a cervical MRI, a psychological evaluation, an MRI of the brain, a CT scan of the brain, and electromyography. The injured worker's surgical was not clearly indicated in the clinical notes. On 07/09/2014, the injured worker complained of neck pain and headaches with a pain level that remained unchanged since the last visit. The injured worker also reported that his quality of sleep was poor and that he had not tried any other therapies for pain relief. The physical exam revealed tenderness to palpation over the left front parietal region. The injured worker ambulated without an assistive device and a Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. Also, the sensory examination revealed normal touch, pain, temperature, deep pressure, vibration, and tactile discrimination. The injured worker's medications included Elavil 75 mg, Topamax 50 mg, and Fioricet, Senna, and Amitriptyline 75 mg. A request was received for Fioricet, Topamax 50 mg, and Amitriptyline 75 mg. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalb-Acetamin-Caff 50-325-40 mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents Page(s): 23.

Decision rationale: The request for Butalb-acetamin-caff 50-325-40 mg, #30 with 1 refill is not medically necessary. The California MTUS guidelines do not recommend barbiturate-containing analgesic agents such as, Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headaches. Based on the clinical notes, the injured worker complained of left sided headaches and neck pain. However, the guidelines do not support the use of barbiturate-containing analgesic agents for chronic pain and thus, the request is not supported. Therefore, due to lack of support from the guidelines, the request for Butalb-acetamin-caff 50-325-40 mg #30 with 1 refill is not medically necessary.

Topamax 50 mg tablet, #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

Decision rationale: The request for Topamax 50 mg tablet, #60 with one refill is not medically necessary. The California MTUS guidelines recommend Topamax for neuropathic pain when other anticonvulsants fail. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Based on the clinical notes, the injured worker had complaints of neck and back pain with a diagnosis of headache/ facial pain and post-concussion syndrome. The clinical notes failed to identify an etiology of neuropathic etiology to warrant the use of Topamax. The guidelines state that anti-epilepsy drugs such as, Topamax, are indicated for the use neuropathic pain when other anticonvulsants fail. The clinical notes did indicate that the injured worker tried and failed the use of Neurontin for pain, which would be supported by the guidelines. However, there is lack of quantitative evidence of pain relief and improvement in function. The continued use of anti-epilepsy drugs are contingent on proper objective documentation indicating a "good" response defined as a 50% reduction in pain or a "moderate" response as a 30% reduction. Additionally, the request failed to specify the frequency of dose. Therefore, due to lack of quantitative evidence indicating pain relief and function; a neuropathic diagnosis; and an absence of a frequency of dose, the request is not supported. Thus, the request for Topamax 50 mg tablet, #60 with one refill is not medically necessary.

Amitriptyline HCL 75 mg, #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The request for Amitriptyline HCL 75 mg, #30 with one refill is not medically necessary. The California MTUS guidelines recommend tricyclic antidepressants such as Amitriptyline, for the indications of a first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, and a psychological assessment. The long-term effectiveness of antidepressants has not been established. Based on the clinical notes, the injured worker complained of depression, insomnia, and neck pain. The clinical notes failed to identify any etiology relating to neuropathic pain. The absence of a neuropathic diagnosis does not support the continued use of Amitriptyline. Also, the clinical notes failed to document the efficacy of the medication using quantitative methods. The continued use of anti-depressants is contingent on assessment of treatment including pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality, and psychological assessment. The clinical notes did indicate that the injured worker reported insomnia and had a psychological evaluation, which would be supported by the guidelines for the use of anti-depressants. However, the long term use of anti-depressants has not been established and the duration of use is not clearly indicated in the clinical notes. Therefore, due to lack of quantitative assessments, absence of duration of use, lack of detail indicating the frequency of dose; absence of definitive neuropathy etiology, the request is not supported. Thus, the request for Amitriptyline HCL 75 mg, #30 with one refill is not medically necessary.