MAXIMUS Federal Services

Case Number:	CM14-0146212		
Date Assigned:	09/12/2014	Date of Injury:	09/26/2013
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 California. 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 49-year-old female with a reported injury on 09/26/2013. The mechanism of injury is that she was hit in the head with a 2 pound plastic reel. The injured worker's diagnoses included post-traumatic vascular type headaches, several episodes of loss of vision, imbalance due to complicated vascular headaches or probable seizure disorder, and pain and numbness of both hands most likely due to bilateral carpal tunnel syndrome. The injured worker's previous treatments included medication, home muscle stretching exercise, and deep breathing type meditation as a relaxation technique. The injured worker's previous diagnostic testing included a brain CT on 12/09/2013 which revealed mild cerebral and cerebellar atrophy with ex vacuo dilatation of the ventricular system and an MRI of the brain on 03/03/2014 which revealed parietal lobe atrophy and mild septal deviation to the right. No pertinent surgical history was provided. The injured worker was evaluated on 01/25/2014 where she reported that her headaches were under control with Topamax and naproxen. She reported frequent blurred vision in both eyes and noted that she sometimes lost her sight for a few seconds. She had been able to work full time with her current medications and she felt that her condition was moderately impacting her general activity and enjoyment of life to include her ability to work as she did previously. She also reported that her ability to concentrate and interact with other people was affected. She indicated that her depression had lessened and was 4/10 at the time of visit. She reported that she was sleeping better due to the improvement in her headaches. The clinician observed and reported that the ranges of motion of the cervical spine were grossly within normal limits and all orthopedic tests for the cervical spine were negative. Motor and sensory examinations were grossly within normal limits. The clinician's treatment plan was to continue medications to include Anaprox DS 1 tablet every 8 hours as needed, Topamax 50 mg 1 tablet twice per day for vascular headaches, and Remeron 15 mg 2 tablets at bedtime for

insomnia. The requests were for Anaprox DS, Topamax, and Remeron. The request for authorization forms were submitted on 05/16/2014 and 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-73..

Decision rationale: The request for Anaprox DS is not medically necessary. The injured worker complained of headaches and blurred vision. The California MTUS Chronic Pain Medical Treatment Guidelines indicate nonsteroidal anti-inflammatories are recommended for osteoarthritis and as a second line of treatment for back pain. The request did not include a rationale for the Anaprox DS. The injured worker did not have a diagnosis of osteoarthritis or back pain in the provided documentation. Additionally, the request for Anaprox DS did not include a strength, quantity, or frequency of dosing. Therefore, the request for Anaprox DS is not medically necessary.

Topomax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AED's).

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

Decision rationale: The request for Topamax is not medically necessary. The injured worker complained of headaches and blurred vision. The California MTUS Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain. Specifically regarding Topamax, it 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. The injured worker's pain is described as vascular type headaches. There is no indication of the failure of other anticonvulsants. Additionally, the request for Topamax did not include a strength, quantity, or frequency of dosing. Therefore, the request for Topamax is not medically necessary.

Remeron: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-14..

Decision rationale: The request for Remeron is not medically necessary. The injured worker complained of headaches and blurred vision. The California MTUS Chronic Pain Medical Treatment Guidelines recommend antidepressants for chronic pain. Antidepressants are recommended as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no documentation of the trial and failure of a first line tricyclic. Additionally, the request for Remeron did not include strength, quantity, or frequency of dosing. Therefore, the request for Remeron is not medically necessary.