

Case Number:	CM14-0215478		
Date Assigned:	01/02/2015	Date of Injury:	10/23/2000
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 50 year-old male with a 10/23/2000 date of injury. Medical records were reviewed from 6/23/14 through 12/8/14. On 11/26/14 utilization review assessed the 11/17/14 medical report and denied use of Valium because guidelines do not recommend long-term use; denied Soma because guidelines state that "Soma is simply not recommended in the care of the chronic patient, unless it is an acute situation"; and denies Topamax because they could not find a guideline for using Topamax for migraines. Unfortunately, the 11/17/14 medical report was not provided for this review. The 10/6/14 pain management report states the patient is in severe discomfort. He is in a wheeled walker and has been diagnosed with T6 and T8 compression fracture; post laminotomy pain syndrome, bilateral lumbar radiculitis; major depression; narcotic dependency; urinary urge incontinence; severe obstructive apnea; cervical spondylosis; bilateral upper extremity radiculopathy, severe bilateral cubital tunnel syndrome, right carpal tunnel syndrome; migraine headaches; and panic disorder. The 12/8/14 report notes the patient is on high levels of benzodiazepines for panic disorder, and the pain management physician requests referral to psychiatry to take over the psychotropic medications. This referral is similar to the request on 8/25/14, 7/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24.

Decision rationale: The 11/17/14 medical report was not provided for this review. The 6/23/14, 7/21/14, 8/25/14, 10/6/14, and 12/8/14 pain management reports use of Valium and the physician has been attempting to get authorization for a psychiatrist to take over management of Valium since 7/21/14. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been on Valium for 6-months. MTUS guidelines recommend short-term use only, up to 4-weeks. The continued use of Valium exceeds the MTUS recommendations, and there is no discussion of efficacy of Valium in any of the provided records. The request for Valium 10 mg #120 is not medically necessary.

Soma 350 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 63-66.

Decision rationale: The 11/17/14 medical report was not provided for this review. The 6/23/14, 7/21/14, 8/25/14, 10/6/14, and 12/8/14 pain management reports show the use of Soma but none of the available reports discuss efficacy. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The patient has been on Soma for 6-months. MTUS guidelines state Soma is not recommended longer than 3-weeks. The request for Soma 350 mg #120 is not medically necessary.

Topamax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate, Pain Outcomes and Endpoints, Page(s): 9, 21.

Decision rationale: The 11/17/14 medical report was not provided for this review. The 6/23/14, 7/21/14, 8/25/14, 10/6/14, and 12/8/14 pain management reports show the use of Topamax for migraine prophylaxis, but none of the available reports discuss any decrease in frequency of

migraines with use of Topamax. MTUS page. 21 for "Other Antiepileptic Drugs" for Topiramate, states it is considered for neuropathic pain when other anticonvulsants fail. MTUS/ACOEM and ODG do not discuss use of Topamax for migraine prevention. The vendor's web site, www.topamax.com and FDA boxed label states it is indicated for prophylaxis of migraine headaches in adults. MTUS Chronic Pain Medical Treatment Guidelines, pg. 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The patient has potential indications for use of Topamax, with neuropathic pain, and for headaches. The medical reporting shows use of Topamax since 6/23/14, but none of the reports discuss efficacy with respect to neuropathic pain or reduction in frequency of migraine headaches. The continued use of Topamax without documentation of efficacy is not in accordance with MTUS guidelines. Based on the available information, the request for Topamax is not medically necessary.