

Case Number:	CM14-0216080		
Date Assigned:	01/06/2015	Date of Injury:	03/27/2014
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/24/2014

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 & Rehabilitation

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 47-year-old male with the injury date of 03/27/14. Per physician's report 11/03/14, the patient has neck pain at 7-8/10 and headaches. The patient has a hard time driving more than 4 hours due to stiffness or pain in his neck. The patient continues to treat his migraines with Topamax 50mg at bedtime. The lists of diagnoses are: 1) Closed head injury with concussion. 2) Labyrinthine concussion. 3) Cervical strain. 4) Muscle contraction and vascular headaches. 5) Depression. Per 10/31/14 progress report, the patient is not working. The patient has neck pain at 3-9/10. The patient reports an Oswestry Disability Score of 42%. The patient takes Relafen, Pamelor, Imitrex, Topamax and Soma. Per 09/25/14 progress report, the patient has right sided neck pain at 3-4/10 with medication and 7-9/10 without medication. The patient is taking Vicodin, Soma, Relafen Topamax and Imitrex. The treater wants to transfer the patient to a neurologist who treats his main complaints of headaches. Per 07/28/14 progress report, the patient has neck pain with hearing loss on the right and headaches at 2-8/10. Medications take pain down from 8/10 to 2/10. The patient continues to have headaches that interfere with his activities of daily living. There is moderate to severe spasms in the paraspinal and trapezius muscles which limit his range of cervical motion. The patient is receiving physical therapy. The patient returns to work with modified duties on 07/28/14. The utilization review determination being challenged is dated on 11/18/14. Treatment reports were provided from 04/07/14 to 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 times one refill: Upheld

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

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

Decision rationale: The patient presents with his neck pain and headaches. The request is for Flexeril 10mg po q6hrs prn spasm #60 with one refill. The patient is currently taking Relafen, Pamelor, Imitrex, Topamax and Soma. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril , Amrix , Fexmid, generic available): Recommended for a short course of therapy." In this case, none of the reports discuss specifically this medication except the request. The treater does not indicate that this medication is to be used for a short-term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare ups. The request of Flexeril is not medically necessary.

Topamax 50mg #60 times one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic drugs topiramate (Topamax) Page(s): 16-17, 21.

Decision rationale: The patient presents with his neck pain and headaches. The request is for Topamax 50mg #60 with one refill. Regarding topiramate (Topamax), MTUS Guidelines page 21 states, Topiramate 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 have failed. MTUS Guidelines page 16 and 17 regarding anti-epileptic drugs for chronic pain also states that. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. The review of the reports indicates that the patient has been utilizing Topamax since 09/25/14. There is no indication of how Topamax has been helpful in terms of decreased pain or functional improvement. The patient has tenderness over the occipital region of his head bilaterally. There are no signs of neuropathic pain as required by MTUS Guidelines for the use of this medication. Therefore, the requested Topamax is not medically necessary.

