

Case Number:	CM14-0092778		
Date Assigned:	07/25/2014	Date of Injury:	08/17/2006
Decision Date:	07/13/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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, Pain Management, Occupational Medicine

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 (IW) is a 53 year old female who sustained an industrial injury on 08/17/2006. She reported a head injury. The injured worker was diagnosed as having a traumatic brain injury, epilepsy not elsewhere categorized without intractable epilepsy, migraine unspecified without intractable migraines, depression not otherwise specified, and anxiety disorder. Treatment to date has included medications. Currently, the injured worker complains of unrelenting headaches and migraine that she cannot shake off. She recently has been in the emergency room where she was given Compazine and Toradol that helped. She stated she was having the flu at that time. Her examination found no significant changes. She has no new complaints. She has a seizure disorder under fair control with medications, and chronic neck and right upper extremity pain with chronic low back pain. There are no new diagnostic tests listed. Requested for authorization are : Percocet 10/325mg, #240, Topamax 100mg, #60, Nuedexta #60, Colace 10mg, #240, Topamax 50mg #60, and Duragesic patch 50mcg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued in individuals with non-cancer pain if there is no functional improvement attributable to their use. The patient has not demonstrated any meaningful symptomatic improvement while receiving both long and short acting opioids. The patient has intractable headaches which may be due to opioid hyperalgesia. This request for Percocet is medically unnecessary since it has not been effective in controlling pain or improving function and the possibility of opioid hyperalgesia exists. High dose opioids can also lower the seizure threshold which places the individual at increased risk of seizures.

Topamax 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Anti-Epileptic Drugs Page(s): 21.

Decision rationale: MTUS 2009 states that Topiramate has limited efficacy for treating neuropathic pain but is an option when other drugs fail. The patient is prescribed Keppra for seizures and reportedly has olfactory seizures. The topiramate is prescribed to treat the olfactory seizures. However, the medical records do not document significant benefit from the topiramate. However, she also reportedly experiences significant side effects from medication. Based upon the lack of demonstrated effectiveness and the presence of medication side effects, Topamax is not medically necessary.

Nuedexta #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearing House.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nuedexta.com/do-i-have-pba>.

Decision rationale: The prescription information for Nuedexta indicates that it is indicated for pseudobulbar palsy which is uncontrolled laughter and crying. The patient reportedly is tearful and depressed. There are no other clinical findings indicating that this occurs inappropriately or that she suffers from pseudobulbar palsy. The current clinical information does not meet the indications provided by the manufacturer for this medication and it is not medically necessary.

Colace 10mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

Decision rationale: MTUS 2009 states that prophylactic treatment for constipation should be initiated. Colace 100mg is prescribed for 1 to 3 capsules per day. The appropriate quantity for a 2 month supply of Colace is 180 tablets maximum. 240 tablets exceeds manufacturer recommendations and therefore the quantity of #240 Colace capsules is not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other anti-epileptic drugs Page(s): 21.

Decision rationale: MTUS 2009 states that Topiramate has limited efficacy for treating neuropathic pain but is an option when other drugs fail. The patient is prescribed Keppra for seizures and reportedly has olfactory seizures. The topiramate is prescribed to treat the olfactory seizures. However, the medical records do not document significant benefit from the topiramate. However, she also reportedly experiences significant side effects from medication. Based upon the lack of demonstrated effectiveness and the presence of medication side effects, Topamax is not medically necessary.