

Case Number:	CM15-0017912		
Date Assigned:	02/05/2015	Date of Injury:	01/11/2000
Decision Date:	04/14/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male patient, who sustained an industrial injury on 01/11/2000. An agreed medical examination dated 11/24/2014 reported the patient with complaints of constant, aching, dull sharp pain in the neck that radiated into the head causing migraines. He is prescribed the following medications; Norco, Soma, Cymbalta, Trazadone, Zantac, Prilosec, Lipitor, Plavix, Topamax, Gabapentin and Aspirin. Physical examination found the cervical spine, shoulders and upper extremities with clawing right hand, diffuse tenderness to palpation of the cervical paraspinal muscles bilaterally. He is also found with left cervical paraspinal muscle spasm. The pain is noted increasing when flexing or extending his head. A radiographic study performed on 12/17/2014 showed a magnetic resonance imaging scans of the cervical spine revealed the following; moderate levoscoliosis; reversal of the cervical lordosis pivoted around C3-4; C3-4 2 mm posterior disc protrusion, 3mm anterior disc protrusion; C4-5 3-4, posterior disc protrusion/extrusion with 3mm anterior disc protrusion; C5-6 3-4mm posterior disc protrusion/extrusion with 3-4mm anterior disc protrusion; C6-7 3-4mm posterior disc protrusion/extrusion with 3-4mm anterior disc protrusion; C7-T1 2mm posterior disc bulge and acquired foraminal stenosis at C4-5, C5-6 and C6-7with compromise of the exiting nerve roots at C4-5. A request was made for Trazadone and Topamax and on 01/07/2015 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain, Anti-Depressant and Anti-Epileptic drugs were cited. The injured worker submitted an application on 01/30/2015 for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg, #5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress, trazodone.

Decision rationale: According to the official disability guidelines the usage of trazodone is indicated as an option for the treatment of insomnia only for individuals with a concurrent diagnosis of depression or anxiety. The most recent progress note dated November 11, 2014 does not include a mention of difficulty sleeping or insomnia nor a diagnosis of depression or anxiety. Considering this, this request for trazodone is not medically necessary.

Topamax 25mg, #5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-Epilepsy Medications, Updated April 1, 2015.

Decision rationale: Topamax is an anti-epilepsy medication indicated for the use for neuropathic pain when other first-line neuropathic pain agents have failed. There is no documentation that the injured employee has failed treatment with other anti-epilepsy medications or antidepressants. As such, this request for Topamax is not medically necessary.