

Case Number:	CM15-0165722		
Date Assigned:	10/12/2015	Date of Injury:	02/19/1999
Decision Date:	11/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 70 year old female who sustained an industrial injury on 02-19-1999. A review of the medical records indicated that the injured worker is undergoing treatment for chronic migraines, anxiety disorder and fibromyalgia. According to the treating physician's progress report on 07-23-2015, the injured worker continues to experience migraines 3-4 times a week and chronic pain with numbness in the toes. The injured worker experienced nausea and no vomiting. Examination demonstrated no paraspinal muscles or iliosacral joint tenderness. Motor strength and sensory was intact in all four extremities. Deep tendon reflexes and coordination was intact. Gait was slow and casual with a walker. Computed Tomography (CT) of the head performed in 10-2014 interpreted within the progress note of 07-23-2015 showed "chronic changes of age related atrophy and small vessel ischemia". Prior treatments have included diagnostic testing, neurology evaluation and treatment, psychiatric evaluation and treatment, physical therapy, home exercise program, pool exercises and medications. Current medications were listed as Soma, Tylenol, Imitrex, Cymbalta, Lidoderm patch, Keppra, Topamax and Prolia and Prevacid. Treatment plan consists of tapering Keppra; continue tracking headaches, physical therapy for fibromyalgia and the current request for Carisoprodol 350mg, quantity: 90 and Topamax 50mg, quantity: 90. On 07-31-2015 the Utilization Review determined the request for Carisoprodol 350mg, # 90 and Topamax 50mg, # 90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: MTUS guidelines do not support long term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured. The request is not medically necessary.

Topamax 50mg, quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The medical records report pain with numbness in toes but there is no documentation of a neuropathic pain specifically. There is no documentation of a topical hyperesthesia or other neuropathic pain symptoms or diagnosis of a neuropathic pain condition. MTUS supports antiepilepsy drugs for neuropathic pain. As neuropathic pain is not documented, the Topamax is not supported as medically necessary congruent with MTUS guidelines.