

Case Number:	CM15-0073925		
Date Assigned:	04/24/2015	Date of Injury:	07/03/2014
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, 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:

This 53 year old man sustained an industrial injury on 7/3/2014. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 11/5/2014, cervical spine x-rays dated 11/18/2014, and cervical spine MRI dated 1/6/2015. Diagnoses include post-concussion syndrome, headache, sprain/strain of the neck, and sprain/strain of the lumbar spine. Treatment has included oral medications and acupuncture. Physician notes dated 3/17/2015 show complaints of increased neck and back pain after completing acupuncture sessions. Recommendations include additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Topiramate (Topamax) Page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic drugs; Topirimate Page(s): 21, 113.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax, "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 fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request is not medically necessary.

Mirtazapine 15mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Antidepressants for treatment of PTSD.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants for chronic pain Page(s): 13-16.

Decision rationale: Mirtazapine is an alpha-2 Antagonist antidepressant indicated for the treatment of major depressive disorder. MTUS states regarding antidepressant: "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." The quantity requested is in excess of guidelines. A 4 week trial would be appropriate followed by reassessment. A 4-month supply without any intervening reassessment is not recommended. Therefore, the request is not medically necessary.