

Case Number:	CM14-0143576		
Date Assigned:	09/12/2014	Date of Injury:	06/02/2010
Decision Date:	10/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old woman with a date of injury of 6/2/10. She was seen by her primary treating physician with complaints of dizziness, confusion and headaches. She was seen by a strabismologist in 7/14. Her current medications were Topamax, Naprosyn, Zanaflex and Tigan and the latter was said not to be working. Her exam showed she was alert with no negative effects of medications noted. She had 'no major changes in posture or ambulation and she had full extraocular movements'. Her diagnoses were headache, cervicgia and visual disturbance. At issue in this review are the refills of her prescriptions (Topiramate, Zanaflex) and change to Zofran / Ondansetron. Length of prior therapy on the refill medications is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topomax).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Topamax drug information and preventive treatment of migraines in adults

Decision rationale: Topiramate may be used in migraine headache prophylaxis. A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document the frequency of prior headaches or efficacy of this medication or potential side effects to justify use. The records do not substantiate for medical necessity for Topiramate. Therefore, the request for Topiramate 50mg is not medically necessary and appropriate.

Ondansetron 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Antiemetics (for opioid use)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck and head pain. Her medical course has included the use of several medications. Ondansetron is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, prevention of nausea and vomiting associated with initial and repeat courses of chemotherapy, prevention of nausea and vomiting associated with radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, the indication for this medication is not substantiated and she does not meet the prescription criteria by history. Therefore, the request of Ondansetron 4mg is not medically necessary and appropriate.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

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

Decision rationale: Zanaflex or Tizanidine is a muscle relaxant used in the management of spasticity. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/14 fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify ongoing use. The medical necessity for Zanaflex is not supported in the records. Therefore, the request of Tizanidine 4mg is not medically necessary and appropriate.