MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/18/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/22/2013
Date of Injury:	5/13/2002
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009617

1) MAXIMUS Federal Services, Inc. has determined the request for **Topamax 25 mg OD qHS 2 months refill #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **Topamax 25 mg OD qHS 2 months refill #60** is not **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
IMR

FILE NUMBER: CM13-0009617

CLINICAL SUMMARY: All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented former [redacted] cashier who has filed a claim for chronic low back pain, hip pain, headaches, depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of May 13, 2002.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; spinal cord stimulator; prior lumbar spine surgery; attorney representation; and extensive periods of time off of work.

In a utilization review report of July 22, 2013, the claims administrator certified prescriptions for trazodone, Elavil, and Cymbalta. Topamax was denied on the grounds that it is only FDA approved for epilepsy and migraines.

The applicant's attorney, however, appealed on August 8, 2013.

A handwritten progress report of June 28, 2013 suggested that the applicant is using Cymbalta, Desyrel, Lunesta, and Topamax. The applicant reports ongoing issues with pain and depression. In an August 12, 2013 progress note, it is again reiterated that the applicant is using Cymbalta, Desyrel, Lunesta, and Topamax. Applicant remains anxious, tearful, and depressed.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representive and Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Topamax 25 mg OD qHS 2 months refill #60:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Other Antiepilectic Drugs (AEDs), page 21, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topiramate, page 21, which is part of the MTUS.

Rationale for the Decision:
While page 21 of the MTUS Chronic Pain Guidelines does suggest that Topamax can be considered for neuropathic pain when other anticonvulsant medications fail, in this case, the employee has seemingly used Topamax chronically. There is no clear evidence of functional improvement effected through prior usage of the same. The employee remains off of work. There is no evidence of progressive improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. Rather, the fact that the employee continues to consult numerous providers in numerous specialties, remains off of work, reports ongoing psychiatric feelings of worthlessness, depression, anxiety, and is considering further interventional spine procedures all suggest a lack of functional improvement as defined in MTUS 9792.20f. The employee has failed to effect any significant improvement through ongoing usage of this particular agent. **The request for Topamax 25 mg OD qHS 2 months refill #60 is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.