

Case Number:	CM13-0014572		
Date Assigned:	11/08/2013	Date of Injury:	10/29/2009
Decision Date:	04/30/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/21/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic face, teeth, shoulder, neck, and knee pain with derivative psychological stress associated with a trip and fall industrial injury sustained on October 29, 2009. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, long and short-acting opioids, cervical fusion surgery, chiropractic manipulative therapy, physical therapy, and acupuncture. An April 2, 2013 progress note is notable for comments that the applicant is working full time as an office technician at the [REDACTED]. The applicant is having issues with depression, knee pain, shoulder pain, and wrist pain. The applicant was given diagnoses of knee internal derangement, cervical pain with referred pain into the left upper extremity, carpal tunnel syndrome, impingement syndrome of the shoulder, and wrist inflammation. A variety of medications, including Topamax, Norco, morphine, Soma, etc., are renewed while the applicant has apparently returned to work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 29, 65, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Soma is not recommended, particularly when used in conjunction with opioid agents. In this case, the applicant is using both morphine and Soma. Adding Soma to the mix is not recommended. Therefore, the request is not certified.

TOPAMAX 50M, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3, 21.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Topamax is considered for use for neuropathic pain when other anticonvulsants fail. In this case, the applicant has neuropathic pain with diagnoses including cervical radiculopathy and carpal tunnel syndrome. Ongoing usage of Topamax has apparently been successful. The applicant has returned to regular work and is reporting appropriate analgesia as a result of ongoing Topamax usage. It is further noted that the MTUS Chronic Pain Medical Treatment Guidelines suggest that many chronic pain conditions may have a large central neuropathic component. Thus, ongoing usage of Topamax is an appropriate option here. The request is certified.