

Case Number:	CM13-0039533		
Date Assigned:	12/20/2013	Date of Injury:	08/05/2009
Decision Date:	05/15/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 50-year-old male who reported injury on 08/05/2009. The mechanism of injury was not provided. The injured worker was noted to be utilizing Ativan, BuSpar, Dendracin cream, Flector patches, meloxicam, Medrox cream, Norco, omeprazole, and Topamax as of 06/17/2013. The documentation of 10/16/2013 indicated that the injured worker had pain of a 10/10. The injured worker had a history of a total knee replacement in 2011 with residual symptoms. The diagnoses included joint pain. The treatment plan was for the use of Topamax. It was indicated the Topamax was for nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TOPAMAX TABLET 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (AEDS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Section, Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The

clinical documentation submitted for review failed to indicate the injured worker had a decrease in pain and objective functional improvement with the use of the medication. The duration of use was for greater than 4m. The request as submitted failed to indicate the frequency for the requested medication. The request for Topamax 50mg tablets, 60 count, is not medically necessary or appropriate.