

Case Number:	CM13-0039670		
Date Assigned:	12/20/2013	Date of Injury:	07/02/2009
Decision Date:	02/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He 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 physician reviewer was selected based on his 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 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:

This is a 48 year-old female with a 7/2/09 industrial injury claim. She has been diagnosed with: cervical facet syndrome cervical disc disorder; right carpal tunnel syndrome; lumbar spondylosis and cervical radiculopathy. The IMR application shows a dispute with the 9/12/13 UR denial of carisoprodol 350mg #60 and topiramate 50mg#60. The UR letter is by [REDACTED] and is based on the 7/30/13 medical report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg 1 tablet bid prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

Decision rationale: MTUS specifically states carisoprodol is not recommended for use longer than 3 weeks. The records show the patient was using this on the 5/28/13, 6/25/17 and on the 7/30/13 report. The continued use of carisoprodol will exceed the MTUS recommendations.

Topiramate 50 mg 1 tablet bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. . .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 16-18.

Decision rationale: The records show the patient is using the topiramate in with the Neurontin. MTUS states anti-epilepsy drugs are recommended for neuropathic pain. MTUS also recommends combination therapy if there is an insufficient response with first-line therapy. The patient is reported to have neuropathic pain with the diagnosis of cervical radiculopathy. The use of topiramate appears to be in accordance with MTUS guidelines.