

Case Number:	CM13-0042309		
Date Assigned:	12/27/2013	Date of Injury:	12/22/1999
Decision Date:	02/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 39 year old male with history of low back pain due to work related injury of 12/22/1999, when he fell from a scaffold. During the office visit of 11/07/2012, he rated the pain level at 5/10 of VAS, and it is a constant aching, pinching and shocking stiff pain. No change in his pain. His pain is increased with cold weather and driving and is better with heat, stretching and meds. The patient was last seen about four weeks ago when we discussed him to continue to work full time and having to travel which bothers his back a bit. He was last seen on 9/26/13 complaining of pain 7-8/10 with flare up in his lower back. He continues to work fulltime. On exam, spasm was noted in the lumbar paraspinal muscles with stiffness. Tenderness was noted in the lumbar facet joints bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 17,21. Decision based on Non-MTUS Citation Official Disability Guideilnes, Pain Chapter.

Decision rationale: There is no documentation that a trial of first line therapy for neuropathic pain (Tricyclic Anti-depressants/Gabapentin) have failed. This medication may cause secondary angle closure glaucoma and vision loss and is recommended for limited use as a fourth or fifth line agent following failure of multiple other recommended anticonvulsants for neuropathic pain. The use of this medication is not substantiated for this clinical presentation of chronic lumbar strain and sprain. Also, there is no clinical substantiation of neuropathic pain in this patient.