MAXIMUS Federal Services

Case Number:	CM13-0042787		
Date Assigned:	12/27/2013	Date of Injury:	07/06/2009
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine Surgery 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 patient is a 57-year-old male with date of injury on 07/06/2009. The progress report dated 09/09/2013 by [redacted] indicated that the patient diagnoses include: 1. Lumbar discogenic syndrome. 2. Right meniscus tear. 3. Myofascial pain. 4. Insomnia. 5. Left knee compensatory. The patient continues with a 7/10 pain in the back which radiates to the lower extremity and is associated with tingling greater on the left than the right. The patient had received an EMG/NCV study done in 2010. It was noted that the patient was having difficulty getting the Topamax medication which has been prescribed for neuropathic pain. Exam findings included decreased range of motion in the lumbar spine, right, and left knee and decreased sensation of the left lower extremity. Treatment request was for Topamax (Topiramate) 50 mg b.i.d. and EMG/NCV of the lower extremities. The utilization review letter dated 09/23/2013 denied the request for Topamax stating the patient does not have documentation of migraine headaches, and there is lack of documentation of this medication's effectiveness as it has been approved in the past. Regarding the EMG/NCV study, utilization review denied this request stating there is no rationale to believe that any radiculopathy or peripheral neuropathy condition exists

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax (Topiramate) 50mg BID: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16,17.

Decision rationale: The patient continues with back pain which radiates into the lower extremities. The request for Topamax (Topiramate) was for neuropathic pain. MTUS states on pages 16 and 17 regarding anti-epilepsy drugs that this is recommended for neuropathic pain. The request for Topamax (Topiramate) to treat this patient's neuropathic pain appears to be reasonable and supported by MTUS. Therefore, an authorization is recommended.

EMG of the BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surface Electromyography.

Decision rationale: This patient has had an injury dated back to 2009. He continues to have low back pain which is reported to radiate into the lower extremities. The ACOEM Guidelines on page 303 state that EMG testing may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. However, this patient underwent an EMG/NCV study in 2010. The provider does not explain why this needs to repeated. There is no documentation of any new injury, progression of the patient's neurologic deficit or any surgical planning. The recommendation is for denial.

NCV of the BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient does continue with low back pain and radicular symptoms into the lower extremities. However, ACOEM on page 303 does not support NCS for low back and leg symptoms. It supports EMG with H-reflex testing only. NCS can be helpful in differentiating peripheral neuropathies or myelopathies but these concerns are not mentioned by the treating provider. Therefore, the recommendation is for denial