

Case Number:	CM13-0043239		
Date Assigned:	12/27/2013	Date of Injury:	12/16/1992
Decision Date:	02/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 Rehabilitation has a subspecialty in: Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 50 year old female who reported a work-related injury on 12/16/1992 as a result of cumulative trauma. Subsequently, the patient presents for treatment of Complex Regional Pain Syndrome (CRPS) at the lower extremities and severe degenerative joint disease of the bilateral knees. The clinical note dated 09/13/2013 reported the patient had positive Tinel's at the cubital tunnel. The provider documented the patient was administered medication refill and discussion of current condition was noted. The provider documents the patient leans on her walker and the provider suspected ulnar nerve impingement secondary to pressure. The provider documented the patient was instructed not to lean on her bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The California Medical Treatment Utilization Schedule (MTUS) indicates Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The provider failed to document the patient's reports of efficacy with her current medication regimen as evidenced by a decrease in rate of pain on a visual analogy scale (VAS) and increase in objective functionality. Therefore, the current request cannot be supported. In addition, the current request is rendered without dosage, frequency or number of refills. Given all of the above, the request for Topamax is not medically necessary or appropriate.