

Case Number:	CM13-0043376		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2010
Decision Date:	05/15/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Practice and is licensed to practice 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 with diagnosis of lumbosacral strain with left lumbar sciatica, thyroidectomy and thyroid replacement, and low back pain with left leg sciatica. The patient was seen on 10/09/2013 for clinical appointment. The patient was noted to have date of injury of 09/05/2010; mode of injury was the patient was a Certified Nursing Assistant and was helping to catheterize a large female patient for an in and out catheterization procedure. While the patient was helping to restrain the patient's legs, she felt a strain in the low back. Since that time, she has had pain in her lumbosacral spine with periodic left leg pain. The patient noted low back pain with periodic left leg pain at this appointment; pain was 6/10 to 7/10. The patient also complains of some numbness to her left leg periodically. On exam, the physician noted that back showed mild to moderate lumbosacral tenderness, more on the left side. The patient currently complained of pain radiating down the back of her left leg and in the heel of her foot. The physician noted the gait is slightly stiff.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OTHER ANTIEPILEPTIC DRUGS:TOPIRAMATE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OTHER ANTIEPILEPTIC DRUGS, TOPIRAMATE Page(s): 21.

Decision rationale: California Guidelines note that Topiramate has shown to have variable efficacy with failure to demonstrate efficacy in neuropathy pain of central etiology. It is still considered useful for neuropathic pain when other anticonvulsants have failed. Per the documentation provided for review, there was no documentation showing the patient was receiving any relief from her sciatica or nerve pain to the left lower leg. There also was no other documentation as per the guidelines that any other anticonvulsants had been used and/or failed. Therefore, the request is non-certified.