

Case Number:	CM13-0045138		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2012
Decision Date:	02/27/2014	UR Denial Date:	10/03/2013
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 Internal Medicine, and is licensed to practice in New York. 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 34 year old woman with an original date of injury 4/1/2012. The patient has had persistent pain in her right knee limiting her ability. She had arthroscopic surgery on 2/11/2013 with an improvement in her tolerance for walking without significant pain. The orthopedic physician recommended a modified work program on 3/29/2013. The patient has been managed with physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, and diclofenac. She has also been prescribed topiramate 50 mg (one in the morning and two at night) daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical examination and consultation Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), and on Official Disability Guidelines (ODG), Fitness for duty chapter, procedure summary, functional capacity

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Functional Capacity Evaluation and Disability, Iowa Orthopedic Journal (2007), 27, 121-127. PMCID: PMC2150654

Decision rationale: According to the guidelines, a functional capacity evaluation (FCE) is not medically necessary because there is no defined return to work goal set by the employer and employee. In addition, there is no indication from the records that the patient would be likely to benefit from a program of work hardening where functional and psychological limitations are likely to improve. As such, the request is not certified.

Prospective request for 1 TEN units patches x 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: The MTUS Chronic Pain guidelines indicate that TENS (transcutaneous electrical nerve stimulation) is only indicated for conditions including neuropathic pain, phantom limb pain, spasticity or multiple sclerosis. In this case, the primary physician's notes fail to indicate that the patient has any one of these conditions. As such, the request is not certified.

Prospective request for 1 prescription of Topiramate 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation R.H. Dworkin et al. (2007). Pharmacologic management of neuropathic pain: Evidence-based recommendations. Pain 132, 237-251

Decision rationale: According to the MTUS guidelines, topiramate is considered a third line agent in the treatment of chronic pain. According to the document submitted for review, there is no evidence that any first or second line agents such as nortryptilline have been tried. The physician notes fail to indicate the rationale for the use of topiramate. The patient's pain appears to be related to mechanical injury or arthritis of the knee joint and is not necessarily neuropathic. Therefore, there is no medically necessary reason for continuing the use of this agent for the treatment of this patient's pain.