

Case Number:	CM13-0045649		
Date Assigned:	12/27/2013	Date of Injury:	10/31/2003
Decision Date:	05/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/25/2013

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, has a subspecialty in Pulmonary Diseases, 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 injured worker is a 53 year old female who reported an injury on 10/31/2003. The mechanism of injury was not provided for review. The injured worker was evaluated on 09/24/2013. It was documented that the injured worker's medication schedule included Norco, Topamax, Lyrica, and Lexapro. The injured worker's pain level was described as 9/10 with medication use. The injured worker's diagnosis included complex regional pain syndrome of the right upper extremity. Physical findings included hypersensitivity in the medial elbow along the ulnar nerve distribution with contractures of the fingers and tenderness to palpation along the medial scapular region with decreased range of motion of the left shoulder. The injured worker's treatment plan included continuation of medications and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 25MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics Page(s): 16.

Decision rationale: The requested Topamax 25mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of anticonvulsants be based on documentation of functional benefit and evidence of symptom relief. The clinical documentation indicates that the injured worker has a 9/10 pain level. There is no evidence of pain relief resulting from medication usage. Additionally, there is no documentation of functional benefit to support continued use of this medication. Also, the request, as it is submitted, does not include a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Topamax 25mg is not medically necessary or appropriate.