

Case Number:	CM13-0051647		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2006
Decision Date:	06/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiologist and is licensed to practice in Florida. 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 expert 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 56-year-old female who reported an injury on 08/12/2006. The mechanism of injury was not stated. Current diagnoses include cervical herniated nucleus pulposus, left upper extremity radiculopathy, lumbar myoligamentous injury, left lower extremity radiculopathy, status post anterior cervical discectomy and fusion in 2007, cervical spinal cord stimulator placement in 2008 with removal in 2009, right total knee arthroplasty in 2009, patellar avulsion of the right knee, left total knee arthroplasty in 2009, bilateral carpal tunnel syndrome, and medication induced gastritis. The injured worker was evaluated on 11/11/2013. The injured worker was status post lumbar epidural steroid injection on 10/07/2013, which provided 60% relief. Current medications include OxyContin, Norco, Prilosec, Ambien, Lyrica, Cymbalta, Dendracin topical cream, and Topamax. Physical examination revealed tenderness along the cervical musculature with palpable trigger points, limited shoulder abduction, positive Tinel's sign at the left wrist, decreased grip strength on the left, diminished sensation along the posterolateral aspect of the left forearm, tenderness to palpation along the lumbar spine, decreased lumbar range of motion, diffuse rigidity along the lumbar paraspinal muscles bilaterally, and well-healed scars in bilateral knees. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state 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 have failed. The injured worker has utilized Topamax 100 mg since 02/2013. There is no evidence of objective functional improvement. There is no documentation of a failure to respond to first line anti-epilepsy medication prior to the initiation of a second line option. There is no frequency or quantity listed in the current request. As such, the request for Topomax 100 mg is not medically necessary.