

Case Number:	CM13-0062197		
Date Assigned:	04/30/2014	Date of Injury:	06/02/1997
Decision Date:	06/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 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 patient is an employee of [REDACTED] and has submitted a claim for cervical neck strain, bilateral shoulder pain, back pain and left knee and leg strain associated with an industrial injury date of June 6, 1997. Treatment to date has included Topical Testosterone, Ambien, Lidoderm patch, Avalide, Fentanyl, Nortriptyline, Senna, DSS Sodium and chiropractic care. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of cervical neck strain, alleviated by heat, ice and narcotics with a pain scale of 6-7/10. There was also knee pain, with a pain scale of 2/10, alleviated by narcotics and aggravated by activity and sitting. Patient also had right shoulder pain alleviated by heat, ice and narcotics with a scale ranging from 5-6/10. The patient also reported back pain, on the lumbar, thoracic and upper back, which worsens on flexion and extension with a scale of 6/10. MRI of the thoracic spine dated April 15, 2013 showed diffuse idiopathic skeletal hyperostosis at T1-T2, severe disc space narrowing at T1-T2 and T10-T11 levels and moderate spinal stenosis at T10-T11 level. MRI of the lumbar spine, dated April 15, 2013 showed 6 degrees of kyphotic deformity with severe disc narrowing at the level of L2-L3, there was anterior broad based disc bulge at the level of L1-L2, moderate spinal canal stenosis at L4-L5 and left lateral disc protrusion at L5-S1 with impinging on the left L5 nerve roots. Utilization review from November 25, 2013 denied the request for Topamax 25mg #60 because there is no evidence that the claimant has tried and failed first line anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPOMAX 25MG #60: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topamax is considered for use for neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants fail. In this case, patient's presentation is consistent with neuropathic pain. He is being prescribed with nortriptyline, however, persistence of pain prompted an addition of topiramate (Topamax) since October 2013. The medical necessity has been established, however, there are no subsequent reports of improvement associated with its use. The current clinical and functional status of the patient is not known. The request for Topomax 25 mg, sixty count, is not medically necessary or appropriate.