MAXIMUS Federal Services

Case Number:	CM13-0064718		
Date Assigned:	01/03/2014	Date of Injury:	04/09/2003
Decision Date:	06/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Acupuncture and Pain Medicine 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 a 57 year old male injured worker with date of injury 4/9/03 with related lower back pain. Per 11/12/13 progress report, he underwent successful epidural steroid injection 6/3/13. He also had a trial of spinal cord stimulation in 12/2009, he had very good paresthesia coverage of his back and lower extremities; however he did not like the paresthesia sensation, in spite of the fact that his legs were significantly improved. Physical examination of the lumbar spine revealed tenderness along the lumbar musculature bilaterally. He has significant decrease in range of motion. There is decreased sensation along the medial calf bilaterally, right greater than left. Straight leg raise is also positive bilaterally. There is also decreased sensation along the posterior lateral thigh, lateral calf and dorsum and plantar aspect of the foot bilaterally. MRI of the lumber spine dated 7/20/07 revealed mild stenosis at L3-L4, related to congenital narrowing. EMG study dated 6/6/03 revealed bilateral L5-S1 radiculopathy. He has been treated with physical therapy, epidural steroid injections, and medication management. The date of UR decision was 12/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 50MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Page(s): 16, 21.

Decision rationale: With regard to antiepilepsy drugs, the MTUS Chronic Pain Medical Treatment Guidelines states "Recommended for neuropathic pain, pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy."Per MTUS Chronic Pain Medical Treatment Guidelines, "Topiramate (TopamaxÂ®, no generic available) 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 fail." The documentation submitted for review indicates that the injured worker has failed Elavil and his EMG supports the presence of neuropathic indirectly by demonstrating radiculopathy. The request is medically necessary.

REMERON 15MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13.

Decision rationale: With regard to antidepressants for chronic pain, the MTUS Chronic Pain Medical Treatment Guidelines states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed." The documentation submitted for review does not affirm the medical necessity of this request. The documentation suggests that the injured worker's medication regimen has reduced his pain and increased his functional ability, however, it appears that these gains are attributable to serial epidural steroid injections he had been receiving, and not secondary to the use of Remeron which he has been using for over a year. The request is not medically necessary.