

Case Number:	CM13-0065099		
Date Assigned:	01/03/2014	Date of Injury:	12/06/2011
Decision Date:	04/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic abdominal pain, an abdominal hernia, psychological stress, and posttraumatic stress disorder reportedly associated with an industrial injury of December 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; a ventral hernia repair surgery with placement of a graft; subsequent exploratory laparotomy to remove an infected mesh on October 24, 2013; and postoperative wound care. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for Topiramate or Topamax and conditionally denied a request for tramadol. The applicant's attorney subsequently appealed. An October 18, 2013, progress note is notable for comments that the applicant presented with generalized abdominal pain and posttraumatic stress disorder. The applicant's wound was cleaned and dressing changed. The applicant was sent to the emergency department for further investigation purposes. The applicant did undergo an exploratory laparotomy on October 24, 2013. She was described as having an infected graft following hernia repair, apparently associated with gunshot wound sustained on the job in 2011. On February 6, 2013, the applicant underwent a surgical repair of a massive incarcerated ventral hernia. The applicant's case and care have been complicated by morbid obesity. The applicant was described as off of work, on total temporary disability. Medications at this time include hydrocortisone and Bactrim. There is no mention that the applicant is using Topiramate or Topamax on that date. In an emergency department note of October 18, 2013, Topamax or Topiramate is described as one of the applicant's medications. It was not stated for which diagnosis Topamax was being employed, however. On August 24, 2012, the applicant was described as using tramadol or Advil for pain relief. There is no mention made of Topiramate or Topamax on that date. On September 20,

2013, the applicant's primary treating provider, a nurse practitioner, did refill prescriptions for tramadol and Topiramate, but did not state for what purpose Topiramate was being employed. The diagnoses given were generalized abdominal pain and posttraumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg #60 with the date of service of 9/20/2014: Upheld

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

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

Decision rationale: As noted on page 21 of the MTUS Chronic Pain Medical Treatment Guidelines, Topamax or Topiramate is considered for use for neuropathic when other anticonvulsants have failed. Topiramate has also been investigated as an adjunct treatment for obesity, the MTUS further notes. In this case, however, it is not clearly stated how Topiramate is being used. It is not clearly stated whether it is being employed for neuropathic pain purposes or for weight loss purposes. While the applicant is a morbidly obese individual, no recent progress note in 2013 has stated why the applicant is using Topiramate. The bulk of the progress notes on file did not make any mention of Topiramate or Topamax usage. Topiramate or Topamax was incidentally noted on an emergency department note of October 18, 2013. However, it was never stated how or for what purposes Topiramate was being used and/or what the applicant's response to the same was. Similarly, on a September 20, 2013 progress note, the attending provider did not state why Topiramate was being employed or what the applicant's response to the same was. Thus, the request is not certified owing to lack of supporting documentation.