

Case Number:	CM13-0068139		
Date Assigned:	01/03/2014	Date of Injury:	03/30/1999
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 03/30/1999. The injured worker was attempting to open a large sliding window when the window broke free, causing rotation of his torso and back. Current diagnoses include low back pain with radiculopathy, painful degenerative disc in the lumbar spine, status post hardware removal in 02/2003, and failed spinal surgery syndrome. The injured worker was evaluated on 11/26/2013. Current medications oxcarbazepine 150 mg. Physical examination was not provided on that date. Treatment recommendations 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:

OXCARBAZEPINE 160 MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Worker's Compensation, Online Edition, Pain Chapter.

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

Decision rationale: California MTUS Guidelines state oxcarbazepine has demonstrated benefit for treating neuropathic pain, specifically trigeminal neuralgia and diabetic neuropathy. The

injured worker does not maintain either of the above-mentioned diagnoses. There was no documentation of a physical examination. Therefore, there is no evidence of neuropathic pain. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.