MAXIMUS Federal Services

Case Number:	CM14-0000143		
Date Assigned:	01/10/2014	Date of Injury:	04/11/2007
Decision Date:	06/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 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 43-year-old male who has submitted a claim for lumbar mechanical pain, possibly both facetal and discal in nature, and chronic pain syndrome associated with an industrial injury date of April 11, 2007. The medical records from 2013 were reviewed. The patient complained of persistent low back pain, rated 8/10 in severity, described as dull and achy with soreness. It radiated to right lower extremity associated with tingling and numbness. Pain was aggravated with standing and prolonged driving; and alleviated in supine position. Physical examination revealed right lumbar muscle spasm. Straight leg raise aggravated back pain on the right side without radiation to the right lower extremity. Sensation was diminished at the right L5 dermatome. The treatment to date has included right knee surgery on 7/9/13 and medications such as Carisoprodol, Colace, Norco, Methadone, Prilosec and Trazodone. Utilization review from 12/20/2013 denied the request for Topamax 50mg (topiramate) ¼ to ½ tab by mouth 1-2 times because there was no evidence that the patient had failed first-line therapy, i.e., Gabapentin and Pregabalin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 50MG #60 (FOR NERVE PAIN): Overturned

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

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

Decision rationale: As stated on pages 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses. In this case, patient has been complaining of chronic low back pain radiating to the right lower extremity. He has been on Trazodone since May 2013, however, persistence of symptoms prompted adding Topamax to his current treatment regimen. Topiramate (Topamax) is recommended for neuropathic pain. Therefore, the retrospective request for Topamax 50mg #60 (for nerve pain) is medically necessary.