

Case Number:	CM14-0003124		
Date Assigned:	01/31/2014	Date of Injury:	05/31/2012
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 has submitted a claim for Lumbar radiculopathy, and myofascial pain; associated with an industrial injury date of 05/31/2012. Treatment to date has included Topiramate, Diclofenac, Advil, Naproxen, Omeprazole, Vicodin, Percocet, Toradol intramuscular injection, chiropractic therapy, therapeutic ultrasound, lumbar epidural spinal injections, TENS, and orthoses. Medical records from 11/21/2012 to 12/19/2013 were reviewed showing that patient complained of low back pain with radiation to the lower extremity, aggravated by movement, associated with numbness and tingling sensation in the legs. Physical examination showed tenderness to palpation of the lumbar spine. Patient had normal gait. There were abnormal reflexes. There was full range of motion in the lumbar spine with decreased sensation on the left lower extremities. Manual testing was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE 50 MG TABLETS, TWO (2) TABLETS AM AND PM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 21

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of response may be a trigger for switching to a different first-line agent or combination therapy. Outcomes with at least 50% reduction of pain are considered good responses. In this case, the patient has been on Topiramate since August 2013. It is unclear whether the use of this medication has resulted in functional benefits such as decreased pain scores and increased ability to perform activities of daily living. Specific reduction in pain using a pain scale is significant in order to document good response from Topamax, per the guidelines noted above. Continued use is contingent upon efficacy. Therefore, the request for topiramate 50mg tablets, two tablets AM and PM, is not medically necessary.

KETOROLAC (TORODOL) 60 MG X ONE (1) INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG states that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient has received one dose of Toradol injection last 11/07/2013. However, there is no documentation of the functional benefits derived from it. Furthermore, the patient has low back pain since 2012; however, ketorolac is not indicated for chronic painful disorders as stated above. Therefore, the request for ketorolac (Toradol) is not medically necessary.