

Case Number:	CM14-0006424		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2003
Decision Date:	07/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/17/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male patient with a 3/27/03 date of injury. The mechanism of injury was not provided. A 12/6/13 progress reports indicated that the patient had severe neck pain and unchanged left hand pain. He reported that the pain disabled him and he was not able to work. Objective findings demonstrated tenderness to palpation at the left lower neck. There was slightly decreased range of motion in flexion, extension, lateral flexion and rotation. On 12/4/13 a progress report documented that the patient sleeps and is sedated during the day. Objective findings showed that he was very sedated stretched out on a couch and barely responsive. He was diagnosed with left hand injury, status post surgery, chronic left hand pain, neck pain with referring pain from the left upper extremity, and depression. Treatment to date: cervical Epidural Steroid Injection (ESI) and medication management. There was documentation of a previous 12/27/13 adverse determination, based on the fact that there was not established that the patient has recently failed other anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 25 MG 3 PILL PER NIGHT: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The patient is noted to be on this medication at least since November 2013. However, it is not clear that he had tried other anticonvulsants for pain control prior to this. In addition the progress note dated 12/4/13 noted that the patient was sedated to the point that he was sleeping on the couch during the exam, and was noted to be on clonazepam, Topamax, Norco, and Soma at the time, all of which are noted to have side effects of somnolence and fatigue. Therefore the request for Topamax 25 mg 3 pill per night was not medically necessary.