

Case Number:	CM14-0007874		
Date Assigned:	02/10/2014	Date of Injury:	11/11/2012
Decision Date:	08/07/2014	UR Denial Date:	12/18/2013
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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 51 year old female with date of injury 11/11/2012. The mechanism of injury is stated as a slip and fall. The patient has complained of neck pain, arm pain, wrist pain and lower back pain since the date of injury. She has been treated with physical therapy, epidural corticosteroid injections and medications. MRI of the lumbar spine performed 12/2012 revealed moderate disc disease at L4-5 with right lateral recess stenosis. Objective: decreased and painful range of motion of the cervical spine, decreased and painful range of motion of the lumbar spine. Diagnoses are lumbar strain, lumbar facet syndrome, lumbosacral radiculitis, wrist pain and neck pain. Treatment plan and request is for Savella and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAVELLA 25 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62-63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 51 year old female has complained of neck pain, arm pain, wrist pain and lower back pain since date of injury 11/11/2012. She has been treated with physical therapy,

epidural corticosteroid injections and medications to include Savella since at least 07/2013. Per the guideline cited above, Savella is recommended for the treatment of fibromyalgia syndrome. There is no documentation in the available medical records of this diagnosis nor is there any medical rationale provided for the use of this medication. On the basis of the available documentation and medical guidelines, Savella is not indicated as medically necessary in this patient.

TOPAMAX 100 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 16,21.

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

Decision rationale: This 51 year old female has complained of neck pain, arm pain, wrist pain and lower back pain since date of injury 11/11/2012. She has been treated with physical therapy, epidural corticosteroid injections and medications to include Topomax since at least 05/2013. Per the California MTUS guideline cited above, Topiramate is considered for use in neuropathic pain when other anti-epileptic agents have failed. There is no such documentation that other agents have been tried and failed in this patient. Nor is there clear documentation/ evidence of a neuropathic source of pain. On the basis of the MTUS guidelines and available medical documentation, Topamax is not indicated as medically necessary in this patient.