

Case Number:	CM14-0107660		
Date Assigned:	08/04/2014	Date of Injury:	12/08/1999
Decision Date:	10/02/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 8, 1999. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation, earlier lumbar discectomy in 2000; and adjuvant medications. In a Utilization Review Report dated July 4, 2014, the claims administrator denied a request for Topamax. The applicant's attorney subsequently appealed. In a progress note dated June 20, 2014, the injured worker reported persistent complaints of neck and low back pain radiating into the bilateral lower extremities. The injured worker was placed off of work, on total temporary disability. The injured worker's past medical history was notable for depression, chronic pain syndrome, dyspepsia, hypertension, insomnia, myofascial pain syndrome, obesity, opioid tolerance, and osteoarthritis. The applicant's medication list included Cymbalta, Protonix, Topamax, Oxycodone, Hydrochlorothiazide, Metoprolol, and Ritalin. The injured worker stood 5 feet 4 inches tall, weighed 230 pounds, it was stated. The injured worker was described as "permanently disabled." The injured worker was in the process of pursuing trigger point injection therapy. Multiple medications were refilled, including Cymbalta, Protonix, Topamax, and Oxycodone. In an earlier note dated January 24, 2014, the injured worker was again described as using topical Medrox, Protonix, Lodine, Topamax, Oxycodone, Ritalin, Hydrochlorothiazide, and Metoprolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax tablets 50mg, # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section. Page(s): 21 7.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Topiramate or Topamax can be employed for neuropathic pain when other anticonvulsants fail, in this case, however, it was not clearly stated that first-line anticonvulsant, such as Gabapentin and/or pregabalin were tried and/or failed before Topamax was considered. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the injured worker is off of work. The injured worker has been deemed permanently disabled. The injured worker remains highly reliant and highly dependent on numerous other agents, including opioids, such as Oxycodone and topical agents such as Medrox. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Topamax. Therefore, the request is not medically necessary.