MAXIMUS Federal Services

Case Number:	CM14-0011305		
Date Assigned:	02/21/2014	Date of Injury:	07/19/2012
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 46 year old female who sustained an injury on 07/19/12 when she slipped twisting her neck, upper back and low back. The injured worker was initially treated with a home exercise program and ice packs. The injured worker was referred to physical therapy and chiropractic treatment. Urine drug screen results from August of 2013 were positive for Lyrica and benzodiazepines. The injured worker was attending physical therapy through April of 2013. The injured worker was recently seen through September of 2013; however, the submitted notes were unreadable due to poor copy quality. The requested Topamax 25mg quantity 20 and Amrix 15mg quantity 60 were denied by utilization review on 01/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPRAMAX 25MG #120 2 BY MOUTH TWICE A DAY: 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, ANTIEPILEPSY DRUGS, 16-18, 21

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

Decision rationale: In regard to the request for Topamax 25mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines outlined in Chronic Pain Medical Treatment Guidelines. The most recent clinical records could not be interpreted due to poor copy quality. It is unclear what the current clinical conditions of the injured worker are to support the use of this medication. Given the paucity of clinical recent clinical information available for review to support the use of this medication, this reviewer would not have recommended certification for the request.

AMRIX 15MG #60: 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, CYCLOBENZAPRINE, 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In regards to the request for Amrix 15mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The most recent clinical records could not be interpreted due to poor copy quality. It is unclear what the current clinical conditions of the injured worker are to support the use of this medication. Given the paucity of clinical recent clinical information available for review to support the use of this medication, this reviewer would not have recommended certification for the request.