MAXIMUS Federal Services

Case Number:	CM14-0113054		
Date Assigned:	08/01/2014	Date of Injury:	06/20/2011
Decision Date:	09/22/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 34 year old male who reported an injury on 06/20/2011. The mechanism of injury was not provided. Diagnoses listed were lumbar disc displacement without myelopathy and psychosocial dysfunction. Past treatments include medication, steroid injections, and surgery. The diagnostic studies noted were an EMG of the bilateral upper and lower extremities on 12/04/2013, MRI of cervical spine on 12/02/2013, MRI of the right shoulder on 02/14/2014, MRI of the lumbar spine on 05/06/2014, and a lumber spine x-ray on 05/06/2014. The surgical history included a left shoulder surgery on 05/16/2014, right shoulder surgery in 2011, lumbar spine surgeries in 2007 and 2005, and a left shoulder surgery in 2002. On 06/25/2014, the injured worker reported an increased stiffness in his back and pain that is worse on the right. He also complained of dizziness and headaches, depression, anxiety, and poor concentration, but he denied seizures and tremors. Upon physical examination, the injured worker was noted to have abduction to 100 degrees and flexion to 120 degrees of the right shoulder. There was pain and difficulty noted when he tried to touch the back of head and lower back. Medications were listed as Nucynta 50 mg, Venlafaxine HCL ER 37.5 mg, Flexeril 75 mg, and Topamax 25 mg. The treatment plan was to pursue postoperative physical therapy, medication, psychology and psychiatric evaluations. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate (Topamx) 25mg, #60, one tablet two times daily: 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 Antiepilepsy drugs Page(s): 16, 21.

Decision rationale: The request for Topiramate (Topamax) 25 mg, #60, one tablet two times daily is not medically necessary. The injured worker complained of pain and headaches. The California MTUS Guidelines may recommend anticonvulsants for neuropathic pain. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It may be used with other anticonvulsants fail. There was no documentation with evidence of a failed trial of an anticonvulsant or quantified pain relief with Topiramate. Based on the guidelines, the criteria are not supported at this time. Therefore, the request is not medically necessary.