

Case Number:	CM14-0179260		
Date Assigned:	11/03/2014	Date of Injury:	01/23/2007
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain with derivative complaints of depression reportedly associated with an industrial injury of January 23, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; earlier lumbar spine surgery; anxiolytic medications; unspecified amounts of physical therapy over the course of the claim; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 15, 2014, the claims administrator partially approved a request for Topamax, to allow the attending provider to furnish additional documentations supporting medical necessity. The claims administrator did acknowledge that the attending provider had reported that previous usage of Lyrica and gabapentin had proven unsuccessful. The applicant's attorney subsequently appealed. In a September 10, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the right lower extremity. The applicant was reportedly status post multiple lumbar surgeries, most recently in 2011. The applicant was using Xanax, Norco, Prilosec, tizanidine, Duragesic, loratadine, metformin, and Zoloft, it was noted. Multiple medications were refilled, including Xanax, Norco, Prilosec, and tizanidine. Topamax was later endorsed via an October 7, 2014 RFA form. In a February 10, 2014 progress note, the applicant's medication list, at that point in time, reportedly included Xanax, Prilosec, Cymbalta, Norco, Restoril, Duragesic, Soma, Tegaderm, and Zanaflex. The applicant was permanent and stationary, it was acknowledged. It did not appear that the applicant was working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax SPR Cap 25mg #30 (Med 114.6): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17, 21.

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

Decision rationale: The request in question appears to have been initiated for the first time via a Request for Authorization form dated October 7, 2014. As noted on page 21 of the MTUS Chronic Pain Medical Treatment Guidelines, topiramate or Topamax is "still considered" for use for neuropathic pain when other anticonvulsants fail. Here, the documentation of the attending provider, coupled with that of the claims administrator, did suggest that two prior anticonvulsant adjuvant medications, namely Lyrica and Neurontin, were previously trialed and/or failed before Topamax was tried. Therefore, the first-time request for Topamax was medically necessary.