

Case Number:	CM14-0179610		
Date Assigned:	11/04/2014	Date of Injury:	11/08/2011
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with an injury date of 11/08/11. The 10/03/14 is hand written and partly illegible, and states that the patient presents with lower back pain with left lower extremity tingling and numbness rated 7/10. The patient also present with bilateral hernia pain. Examination shows limited lumbar range of motion. The patient's diagnoses include: 1. Lumbar strain/sprain 2. Bilateral hernia pain Medications are listed as Mentoderm, and Topiramate. Cyclobenzaprine and Naproxen are listed medications on 06/06/14. The utilization review being challenged is dated 10/07/14. Two reports were provided dated 06/06/14 and 10/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramite 50mg, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax and Medications for Chronic pain Page(s): 21, 60.

Decision rationale: The patient presents with lower back pain with left lower extremity numbness and tingling rated 7/10. The treater requests for Topiramate 50mg, #20. Presumably this request is for Topiramate/Topamax. The reports indicate the patient has been taking this medication since at least 06/06/14. MTUS page 21, Topamax, states the medication: "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." The reports show the medication is for nerve pain; however, the treater does not state that the medication helps the patient. MTUS Medications for Chronic pain page 60 states a record of pain and function must be recorded when medications are used for chronic pain. Furthermore, there is no evidence that the patient has failed treatment with other anticonvulsants. . In this case, the request is not medically necessary