

Case Number:	CM14-0039018		
Date Assigned:	06/27/2014	Date of Injury:	06/10/1997
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/03/2014

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 Nevada. 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 52-year-old male who was reportedly injured on 6/10/1997. The mechanism of injury is unknown. The injured worker previously underwent lumbar spine surgery and a spinal cord stimulator implantation in November 2012. The most recent progress note dated 3/5/2014 and 4/9/2014, indicate that there were ongoing complaints of low back and lower extremity pains. Physical examination revealed the injured worker has stable ambulation without assistive device. He is able to shift his weight while sitting down and has to sit-stand frequently to be comfortable. Lower extremity motor strength was 5/5 with a decreased sensation in the right L4 and L5 dermatomes and a reflexes 1+ with symmetrical in the lower extremities. No clonus and no diagnostic imaging studies available for review. Current medications included Cymbalta, Norco, Zanaflex, Topamax, Lidoderm patch and Ibuprofen. A request had been made for Topamax 100 mg #60 with 1 refill and Lidoderm patch 5% #30 with 1 refill which was non-certified by utilization review on 3/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topomax 100mg X 60, refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines, formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 21.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of anticonvulsants but notes that Topiramate (Topamax) may be used as a second line agent after other anticonvulsants have been trialed and failed. After the review of the available medical records, it was noted that the claimant had been prescribed Neurontin and Topamax at the same time. However, the progress notes failed to document why the first line agent was discontinued and/or if there was any improvement in back or lower extremity pain with one medication versus the other. Due to the lack of clinical documentation, this request is not medically necessary.

Lidoderm 5% Patch X 30, refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56-57, 112 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the claimant has been diagnosed with neuropathic pain, failed back syndrome and failed to improve with first-line therapies above. As such, the request is considered medically necessary.