

Case Number:	CM14-0039023		
Date Assigned:	06/27/2014	Date of Injury:	10/12/2011
Decision Date:	08/22/2014	UR Denial Date:	03/29/2014
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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 35-year-old male who reported an injury on 10/12/2011. The mechanism of injury was reported as falling from a roof. The diagnoses included sprain/strain of the neck and thoracic region and lumbar disc displacement without myelopathy. Prior therapies included an epidural steroid injection, physical therapy, and chiropractic care. Diagnostic studies included MRIs of the right shoulder, lumbar spine, and thoracic spine. Per the 01/09/2014 visit note, the injured worker reported pain in his mid-back, low back, and lower extremity rated 6/10 with medications. It was noted his medications did help improve his pain and function. Objective findings included ambulating without assistance and alert and oriented times 3. The current medications included Venlafaxine HCL ER 37.5 mg, Topiramate-Topamax 100 mg, and Nabumetone-Relafen 500 mg. The treatment plan included continuing with his medication management as the medications did help improve his pain and function. The Request for Authorization form for Topiramate-Topamax and Nabumetone-Relafen was submitted on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate (Topamax) 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: The CA MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. Topiramate 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 medical records provided indicate an ongoing prescription for Topiramate-Topamax since at least 09/27/2013. The injured worker reported a pain level of 6/10 with medications. There is a lack of documentation regarding significant pain relief, objective functional improvements, and side effects incurred with use. Based on this information, continued use is not supported. As such, the request is non-certified.

Nabumetone (Relafen) 500mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Guidelines state NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The medical records provided indicate an ongoing prescription for Nabumetone-Relafen since at least 09/27/2013. The injured worker reported a pain level of 6/10 with medications. There is a lack of documentation regarding significant pain relief and objective functional improvements with use. Based on this information, continued use is not supported. As such, the request is non-certified.