MAXIMUS Federal Services

Case Number:	CM14-0048449		
Date Assigned:	07/02/2014	Date of Injury:	07/25/2013
Decision Date:	08/11/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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 major depressive disorder (MDD) and knee pain reportedly associated with an industrial injury of July 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; attorney representation; knee MRI imaging of November 5, 2013, notable for evidence of previous ACL reconstruction and meniscectomy; a knee support; and extensive periods of time off of work.In a Utilization Review Report dated April 3, 2014, the claims administrator denied a request for cyclobenzaprine and topiramate. The applicant's attorney subsequently appealed. In a progress note dated April 11, 2014, the applicant was described as reporting persistent complaints of knee pain, sharp, shooting from the right knee into the calf. The applicant was status post earlier ACL repair surgery in 1994. The applicant's knee brace was falling apart. The applicant was on Naprosyn, Tramadol, Flexeril, Acetadryl, and Omeprazole, it was stated. The applicant did report some mood disturbance issues. The applicant was described as currently unemployed. A variety of medications were refilled. The applicant was again placed off of work, on total temporary disability. In an earlier note of March 18, 2014, the applicant was again placed off of work, on total temporary disability. Cyclobenzaprine, Topiramate, and Naprosyn were apparently renewed. The applicant was given diagnoses of major depressive disorder and knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of whether or analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Topiramate 25mg #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does suggest that the topiramate can be employed for neuropathic pain while other anticonvulsants failed, in this case, however, there is no evidence that other anticonvulsants have been tried and/or failed here. There is no evidence that the applicant has previously tried and failed Lyrica and/or Neurontin, for instance. It is further noted that it does not appear clear that the applicant pain is in fact neuropathic in nature. Rather, the applicant appears to carry primary diagnoses of knee pain secondary to internal derangement of the same and major depressive disorder (MDD). There was no explicit mention of neuropathic pain for which topiramate could be employed. No rationale for ongoing usage of and/or selection of topiramate was provided. Therefore, the request for Topiramate 25mg #60 is not medically necessary and appropriate.