

Case Number:	CM14-0059955		
Date Assigned:	07/09/2014	Date of Injury:	06/06/2013
Decision Date:	09/29/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/30/2014

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 51 year-old male who was reportedly injured on 6/6/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note dated 1/19/2014, indicates that there are ongoing complaints of low back, left hip and leg pain. The physical examination demonstrated tenderness and spasm over the left lumbosacral facet joints, sacroiliac joint and left greater trochanter; lumbar spine flexion/extension 20-30% and painful; strength 5/5 in lower extremities; reflexes 1+; sensation intact; pain with straight leg raising test in sitting position. Electromyogram/nerve conduction velocity study dated 1/25/2014 showed electrodiagnostic evidence of a left lumbar L5 radiculopathy. Diagnosis: low back pain, left hip pain, facet arthropathy and sacroiliac joint dysfunction. Previous treatment includes physical therapy and medications to include naproxen, Relafen, tramadol, Vicodin, Polar Frost Gel, Methoderm and omeprazole. A request was made for a Retro Topramate 2mg 1x/day for 1 week trial #60 and was not certified in the pre-authorization process on 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Topramate 2mg 1x/day for 1 week trial #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of anticonvulsants in the treatment of neuropathic pain, but note that Topamax (Topramate) may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. After review of the available medical records, there is no documentation that a first-line anti-convulsant has been trialed and failed. As such, the request is not considered medically necessary.