MAXIMUS Federal Services

Case Number:	CM14-0060011		
Date Assigned:	07/09/2014	Date of Injury:	02/26/2011
Decision Date:	09/11/2014	UR Denial Date:	04/21/2014
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 Osteopathic Family Practice, has a subspecialty in Occupational and Pain Medicine as well as Manipulation, 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 46 year old obese female janitor who sustained an injury on 2/26/11 when she tripped while popping and sustained an injury to her left foot and ankle. On 8/6/13, she underwent left ankle lateral leg reconstruction. Her current diagnosis consists of pain in joint, lower leg and ankle/foot. She is also diagnosed with gait disturbance, compensatory right ankle pain and reactive depression. She has undergone an evaluation for FRP. An examination narrative dated 4/3/14 was reviewed at which time the patient noted she had been previously given insoles by a podiatrist and the insoles gave her significant pain. She therefore stopped using them and bought OTC insoles with which she had less leg pain. The patient was noted to be doing well on Prozac. Request was made for Topamax 25 mg #60, Prozac 20 mg #30, and updated and fitted orthotic insoles from DPM. UR dated 4/21/14 recommended to modify the request for Topamax 25 mg #60 to allow #0. The prior peer reviewer noted that there is no clear evidence of neuropathic pain and no documentation of benefit in the medical records. In addition, in regards to orthotic insoles, the prior peer reviewer that there was no substantial benefit in the past and the request was non-certified. The prior peer reviewer added that a referral to DMP consultation would be more appropriate to determine if new orthotics are required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg Qty: 60.00: Upheld

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

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

Decision rationale: The reqeust for Topamax is not supported. This medication is an AED, and there is no evidence that the patient has neuropathic pain to support Topamax. For this reason, the requested medicaiton is not medically necessary.

Updated and fitted orthotic insoles from DPM: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle Chapter.

Decision rationale: The request for updated and fitted orthotic insoles for a podiatrist is supported. The medical records indicate that the patient has undergone surgical intervention and also has contra-lateral ankle pain. She has an antalgic gait, and is followed for chronic pain. There is indication in the medical records that the patient wants to return to work. As noted in ODG in regards to orthotics, " Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. A pre-fab orthosis may be made of softer material more appropriate in the acute phase, but it may break down with use whereas a custom semi-rigid orthosis may work better over the long term.". The request for updated and fitted orthotic insoles from DPM is medically necessary.