

Case Number:	CM14-0079864		
Date Assigned:	07/18/2014	Date of Injury:	10/12/2000
Decision Date:	10/09/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

There were 90 pages provided for this review. The application for independent medical review was an appeal on the prospective use of Trokendi XR 200 mg number 30 and an appeal on the prospective usage of Trokendi XR 100 mg number 30. The request for independent medical review was signed on May 19, 2014. The previous reviewer noted the claimant should have already been weaned from this medicine. Per the records provided the claimant was injured on October 12, 2000 and was diagnosed with lumbar degenerative disc disease, neck sprain strain, thoracic outlet syndrome and other reflex sympathetic dystrophy. The claimant symptoms include bilateral neck and lumbar spasm. The pain is rated seven out of 10. The final determination on a previous review was that Flector patches and OxyContin were not medically necessary and appropriate. The PR-2 from April 23, 2014 notes increased swelling, coldness and pain in both hands, right greater than left. The medicines do help the ability to perform activities of daily living. The pain is rated as six out of 10 and is sharp, dull, aching, with pins and needles, numbness, pressure, electrical shooting, burning, stinging and cramping and weakness and spasm. Other medicine includes topical ointments, Oxycontin, Flex or Flector Patch, Trazodone and Flexeril. There is mild bilateral paracervical tenderness right greater than left. There are bilateral spasms noted in the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trokendi XR 200 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 19.

Decision rationale: This medicine is the same as Topiramate. The MTUS notes that anti-epilepsy drugs (AEDs) like Topiramate are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that this medicine is essential. Topiramate has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. Therefore, the request of Trokendi XR 200 mg, #30 is not medically necessary and appropriate.

Trokendi XR 100 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 19.

Decision rationale: As shared previously, this medicine is the same as Topiramate. The MTUS notes that anti-epilepsy drugs (AEDs) like Topiramate are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that this medicine is essential. Topiramate has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. Therefore, the request of Trokendi XR 100 mg, #30 is not medically necessary and appropriate.