

Case Number:	CM14-0087414		
Date Assigned:	07/23/2014	Date of Injury:	11/13/2013
Decision Date:	10/08/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 records, presented for review, indicate that this 55 year old gentleman was reportedly injured on November 13, 2013. The mechanism of injury was noted as falling off the back of a truck. The most recent progress note, dated March 11, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness along the cervical spine paraspinal musculature and along the medial scapular region, mildly decreased weakness of left sided grip strength, lumbar spine also noted tenderness along the paraspinal muscles, numerous trigger points and muscular guarding along with decreased range of motion, lower extremity neurological examination noted decreased sensation in the L5 and S1 nerve distributions bilaterally, and decreased muscle strength of the left lower extremity at 4/5. Diagnostic nerve conduction studies reveals a moderately acute left sided L5 and S1 radiculopathy as well as mild bilateral carpal tunnel syndrome. An MRI of the lumbar spine revealed a disc bulge at L5 to S1 with mild compression of the thecal sac and potentially touching the L5 nerve root. Previous treatment included physical therapy and trigger point injections. A request had been made for Topamax and Ambien controlled release (CR) and was not certified in the preauthorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg 1 tablet b.i.d.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Other Antiepileptic Drugs Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Other Antiepileptic Drugs Page(s): 21 ..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of anticonvulsants but notes that Topiramate may be used as a second line agent for neuropathic pain after other anticonvulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anticonvulsants have been trialed. As such, the request for Topamax is not medically necessary.

Ambien CR, 12.5 g, q.h.s.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain - Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/29/14).

Decision rationale: According to the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long term use for chronic pain. Additionally, this request does not specify the number of tablets requested. As such, this request for Ambien controlled release (CR) is not medically necessary.