

Case Number:	CM13-0019026		
Date Assigned:	10/11/2013	Date of Injury:	05/22/2007
Decision Date:	03/26/2015	UR Denial Date:	08/25/2013
Priority:	Standard	Application Received:	09/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back, pelvis, and shoulder pain reportedly associated with an industrial injury of May 22, 2007. In a Utilization Report Review dated August 27, 2013, the claims administrator partially approved a request for topiramate and gabapentin while approving Savella, Percocet, and Ambien. The claims administrator referenced an August 12, 2013 progress note in its determination. The applicant's attorney subsequently appealed. In a February 9, 2013 RFA form the applicant was given refills of Neurontin, topiramate, and Effexor. In an associated progress note dated March 9, 2015, the applicant reported ongoing complaints of headaches, low back pain, and leg pain, 5-6/10. The applicant was using Savella, topiramate, Neurontin, and Percocet. The attending provider posited that the applicant's pain complaints had been attenuated as a result of ongoing medication consumption by as much as 50%. The applicant had undergone implantation of a spinal cord stimulator on August 8, 2013 and subsequent implantation of a pulse generator on August 15, 2013. The applicant had undergone earlier lumbar spine surgery. The applicant was given refills of both Neurontin and topiramate. Effexor was discontinued owing to side effects, it was stated in one section of the note. The applicant was asked to start Cymbalta. The applicant's functional status was not clearly outlined. In an earlier note dated May 6, 2013, the applicant reported ongoing complaints of low back pain status post failed lumbar fusion surgery. The applicant was using Norco, Savella, Neurontin, topiramate, Dilaudid, Percocet, and Ambien, it was further noted. The applicant was obese, standing 5 feet 1 inch tall and weighing 141 pounds. 7-8/10 pain complaints were reported. The

applicant's work status was not clearly outlined. On June 12, 2013, the applicant was apparently given prescriptions for Dilaudid, Savella, topiramate, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 Topiramate 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21 of 127.

Decision rationale: 1. No, the request for topiramate, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate, an anticonvulsant adjuvant medication, can be considered for use for neuropathic pain when other anticonvulsants fail, in this case, however, the attending provider failed to furnish any clear or compelling rationale for concurrent usage of two separate anticonvulsant adjuvant medications, Neurontin and Percocet. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not state why he was furnishing the applicant with two separate anticonvulsant adjuvant medications. Therefore, the request was not medically necessary.

150 Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19 of 127.

Decision rationale: 2. Similarly, the request for gabapentin, another anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant's work status was not outlined on several progress notes, referenced above, including 2013 and 2014. The applicant continues to report pain complaints as high as 7-8/10. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Dilaudid, Percocet, Norco, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

