

Case Number:	CM14-0188737		
Date Assigned:	11/20/2014	Date of Injury:	10/28/2003
Decision Date:	04/23/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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, New York, 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 58-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of October 28, 2003. In a Utilization Review Report dated October 6, 2014, the claims administrator failed to approve a request for Topamax (topiramate). A September 8, 2014 progress note was referenced in the determination. The claims administrator did note that the applicant had undergone earlier lumbar and cervical surgeries. The applicant's attorney subsequently appealed. On September 8, 2014, the applicant was asked to pursue both cervical and lumbar epidural steroid injection therapy. Permanent work restrictions were renewed. An orthopedic consultation to evaluate the applicant's hip pain was proposed. Highly variable 3-7/10 pain complaints were noted. The applicant had difficulty walking even more than two to three steps. The applicant stated that his pain complaints were so severe that they required usage of a wheelchair and/or walker, at time. Medication selection or medication efficacy was not explicitly discussed on this occasion. On July 21, 2014, the attending provider suggested that the applicant was using OxyContin, oxycodone, and Topamax for pain relief. 5-7/10 pain complaints were reported. The attending provider stated that the applicant had been deemed legally blind owing to significant visual loss. The applicant did not appear to be working with permanent limitations in place. The applicant reported ongoing complaints of upper extremity paresthesias, lethargy, weakness, and the like. The applicant stated that his primary pain generator was, in fact, the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topomax 50 mg # 30: 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 Topiramate (Topamax, no generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 21; 7.

Decision rationale: No, the request for Topamax, 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 or Topamax can be employed for neuropathic pain in applicant's in whom other anticonvulsants have failed, in this case, however, the attending provider did not clearly outline the failure of first-line anticonvulsant adjuvant medication such as Neurontin or Lyrica. Furthermore, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant continues to report ongoing complaints of neck and low back pain as high as 7/10, despite ongoing Topamax usage. The applicant has seemingly failed to return to work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. Ongoing usage of Topamax failed to curtail the applicant's dependence on opioid agent such as OxyContin and oxycodone. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, and was apparently using a walker and/or wheelchair to move about. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Topamax. Therefore, the request was not medically necessary.