

Case Number:	CM14-0209997		
Date Assigned:	12/23/2014	Date of Injury:	02/28/2013
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Pain 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:

The injured worker is 55 year-old female with an original date of injury on February 28, 2013. The industrially related diagnoses are reflex sympathetic dystrophy, shoulder-hand syndrome, and complex regional pain syndrome. The patient has had prior treatments with physical therapy, carpal tunnel release, stellate ganglion block, and functional restoration program. Her medications include Gabapentin, Ibuprofen, Lidoderm patches, Omeprazole, Topamax, and Voltaren gel 1%. The dispute issues are the request for Topamax 25 mg 15 tablets with 3 refills, and Gralise 30 daily starter pack. A utilization review on November 24, 2014 has non-certified these requests. With regards to the request for Topamax, the clinical information submitted indicated there is 50% reduction in pain, however, the lack of documentation indicating the necessity for 3 refills without reevaluation of Topamax is not reasonable. Therefore this request was denied. With regards to the request for Gralise, a utilization review stated there is no supporting documentation to justify ordering both Topamax 25 mg and Gralise starter pack at the same time. In addition, the request for Gralise did not indicate the frequency as well as the strength of the medication. Therefore, this medication was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topomax 25mg #15 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 and 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 16-21.

Decision rationale: Regarding request for Topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A progress note on November 14, 2014 noted the patient has greater than 50% pain relief, improvement in function with ADLs and home exercise program with the use occupational therapy Topamax. The patient is using the medication appropriately without any significant side effects. The patient has documented compliant with medication. Continuing Topamax would be reasonable given the documented benefits. Therefore, this medication is medically necessary.

Gralise 30 day starter pack: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 16-21.

Decision rationale: With regards to the request for Gralise starter pack, a progress note on November 14, 2014 noted a provider has recommended patient to be on a trial of Gralise or spinal cord stimulator. It is unclear whether this medication was ordered given that the patient is already on Topamax which resulted in greater than 50% improvement in her symptoms and function. Therefore, Gralise is not medically necessary.