

Case Number:	CM15-0149051		
Date Assigned:	08/12/2015	Date of Injury:	03/14/2003
Decision Date:	09/11/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	07/31/2015

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: Connecticut, California, Virginia
 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:

This 39 year old male sustained an industrial injury to the low back on 3-14-03. Previous treatment included lumbar surgery, physical therapy, epidural steroid injections and medications. In a progress note dated 5-28-15, the injured worker complained of left knee pain and worsening of chronic low back pain after a fall. Physical exam was remarkable for left knee with mild swelling and exquisite tenderness to palpation over the joint line and lumbar spine with significant tenderness to palpation and positive left straight leg raise. The treatment plan included x-rays of the lumbar spine and left knee. Left knee x-ray (5-28-15) showed a large joint effusion and mild narrowing of the medial joint space. In a progress note dated 7-14-15, the injured worker complained of ongoing low back pain with bilateral sciatic radiation. The physician noted that the injured worker's left knee remained somewhat unstable despite wearing a brace. The injured worker was using a wheeled walker with a seat for rest during ambulation. The injured worker's weight continued to be out of control. Current diagnoses included lumbar post laminectomy syndrome with chronic pain, left knee sprain, bilateral forearm tenosynovitis and nerve compression and obesity secondary to inactivity. The physician stated that the left knee seemed to be a bit wobbly and at this point magnetic resonance imaging was indicated. The treatment plan included computed tomography of the left lower extremity and knee and a prescription for Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lower extremity, left knee without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The CA MTUS addresses the use of imaging in complaints of knee pain. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. X-rays in this case appear to show joint space narrowing and effusion. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case the “wobbly” nature of the patient’s knee injury (indicated to be a strain per the provided documents) is mentioned as potentially warranting an MRI. Without history of a total knee arthroplasty, it is unclear as to why this patient would benefit from a CT scan rather than the MRI mentioned in the provided records. If instability is of concern, and structural bone damage has been assessed by plain films, CT scan is unlikely to be a study that will result in clinical value. Therefore, based on the guidelines and provided records, the request is not considered medically necessary at this time.

1 prescription of Topiramate (Topamax) 25mg #120: Upheld

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

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

Decision rationale: The use of topiramate is clearly addressed by the MTUS guidelines with respect to use in cases of chronic pain. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The provided documents do not provide clear evidence that this treatment modality has resulted in clinical improvement that warrants further use, and therefore given the provided records and the position of the MTUS, the request for treatment with topiramate cannot, at this time, be considered medically necessary.