

Case Number:	CM15-0167882		
Date Assigned:	09/14/2015	Date of Injury:	04/16/1997
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 16, 1997. In a Utilization Review report dated August 18, 2015, the claims administrator partially approved a request for Topamax (topiramate). The claims administrator cited a July 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 10, 2015 office visit, the applicant reported ongoing complaints of low back pain with associated radicular symptoms. The applicant had been using Dilaudid and Demerol for years. The applicant stated that trial of OxyContin had proven unsuccessful. The applicant was also using spinal stimulator, it was reported, as well as Flexeril. In another section of the note, it was stated that the applicant had issues with psychological stress and anxiety for which the applicant was given Celexa and Desyrel. The applicant's complete medications list included Dilaudid, Demerol, Flexeril, Topamax, Celexa, Restoril, Desyrel, Prilosec, Prograf, CellCept, Keppra, Lasix, magnesium, and Colace it was reported. The applicant had undergone an earlier failed lumbar laminectomy surgery. The applicant was given trigger point injections. Multiple medications were renewed. The applicant's permanent work restrictions were likewise renewed. The attending provider contended that the applicant's medications were beneficial in terms of improving unspecified activities of daily living. The applicant's work status was not furnished, although it did not appear the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: No, the request for topiramate (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 considered for use when other anticonvulsants fail, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant's work status was not reported on July 10, 2015 office visit in question, suggesting that the applicant was not, in fact, working. The applicant continued to remain dependent on variety of opioid agents to include Dilaudid and Demerol, it was reported on that date. The applicant was also dependent on a variety of other forms of medical treatment, including spinal cord stimulator and trigger point injection therapy, as acknowledged on July 10, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of topiramate (Topamax). Therefore, the request was not medically necessary.

Topiramate 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: No, the request for topiramate (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 considered for use when other anticonvulsants fail, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant's work status was not reported on July 10, 2015 office visit in question, suggesting that the applicant was not, in fact, working. The applicant continued to remain dependent on variety of opioid agents to include Dilaudid and

Demerol, it was reported on that date. The applicant was also dependent on a variety of other forms of medical treatment, including spinal cord stimulator and trigger point injection therapy, as acknowledged on July 10, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of topiramate (Topamax). Therefore, the request was not medically necessary.