

Case Number:	CM15-0205790		
Date Assigned:	10/22/2015	Date of Injury:	09/27/2012
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 a 35 year old female, who sustained an industrial injury on 09-27-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for complex regional pain syndrome, chronic neuropathic pain, constipation, and depression. Medical records (04-01-2015 to 09-10-2015) indicate ongoing chest and upper abdominal pain. Pain levels were rated 5-10 out of 10 in severity on a visual analog scale (VAS). There were also complaints of constipation due to medications. The IW reported trying multiple remedies of which could not be tolerated. Records also indicate no changes in pain levels, activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-10-2015, revealed allodynia of the chest and abdomen and abnormal gait. Relevant treatments have included: spinal cord stimulator, physical therapy (PT), work restrictions, and medications. The IW was prescribed Lyrica but was instructed to discontinue due to sweating and weight gain, and then was prescribed topiramate which resulted in abdominal pain (ulcer like). Other current medications included methadone, Percocet, Cymbalta and naltrexone. The PR and request for authorization (09-10-2015) shows that the following medications were requested: topiramate titrate (dose & quantity unclear) #1, and naltrexone 50mg (quantity unclear) #1. The original utilization review (09/29/2015) non-certified the request for topiramate titrate (dose & quantity unclear) #1, and naltrexone 50mg (quantity unclear) #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate Titrated (Dose and Quantity Unclear) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Topiramate (Topamax, no generic available) 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007) The patient does have neuropathic pain however there is no documentation of first line anticonvulsant therapy failure. There is also no quantity or directions specified in the request. Therefore the request is not medically necessary.

Naltrexone 50mg (Quantity Unclear) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Naltrexone (Vivitrol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, naltrexone.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of opioid detoxification and alcoholism. There is no documentation of alcoholism or opioid detoxification. There is also no quantity or directions specified with the request. Therefore the request is not medically necessary.