

Case Number:	CM15-0208289		
Date Assigned:	10/27/2015	Date of Injury:	09/24/2003
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male, who sustained an industrial injury on 9-24-2003. The injured worker is undergoing treatment for: lumbar disc displacement, pain to the neck, bilateral shoulder, bilateral elbows, and bilateral wrists, left index finger laceration, pain to the lumbar spine, right hip and bilateral knees. On 7-23-15, and 9-22-2015, he reported pain to the neck, bilateral shoulder, bilateral elbows, bilateral knees, bilateral wrists, lumbar spine, right hip and a laceration of the left index finger. He indicated he is able to do chores around the house, lift no more than 20 pounds, and stand and walk no more than 30 minutes at a time. He indicated difficulty with activities such as squatting and kneeling. Objective findings revealed tenderness in both knees, no limp, limited ability to squat and hop, and get up on his toes, tenderness in the lumbosacral area, absent reflexes at the knees and ankles, negative straight leg raise testing, tenderness in the right patella with crepitation on range of motion and a positive compression test. The treatment and diagnostic testing to date has included: bilateral knee braces, heat, cold, TENS unit, lumbar brace, epidural steroid injection (unclear date and body part). Medications have included: Tylenol, Iodine, protonix, Flexeril, Celebrex, Aciphex, and tramadol. There is notation of prior use of Neurontin and changing this to Topamax; however there is no indication why there is a change. On 6-22-15, there is notation of Effexor XR 75mg being prescribed for mood changes and radicular component. There is no discussion regarding failure of Neurontin, or the efficacy of Effexor. Current work status: not working, permanent disability. The request for authorization is for: Topamax 50mg quantity 60. The UR dated 9-25-2015: non-certified the request for Topamax 50mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: 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: The claimant has a remote history of a work injury occurring in September 2003 and continues to be treated for injuries to the shoulders, wrists, left elbow, right hip, bilateral knees, and low back. He had a right knee meniscectomy and has had bilateral shoulder surgeries. In June 2015 extended Effexor ER was requested for mood changes as well as lower extremity radicular symptoms. In July 2015 he was having persistent right shoulder and knee pain. When seen in September 2015 complaints included constant low back pain. He was having some shooting pain into the right hip and buttock. He had shooting pain from the neck into the right arm to the ulnar aspect of the wrist. He was having knee pain with buckling and limping. Physical examination findings included bilateral knee tenderness. There was lumbosacral, right sacroiliac joint, and right buttock tenderness. There was low back pain with Milgram's testing. He had patellar tenderness and crepitus with range of motion. Compression testing was positive. There was mild vastus medialis atrophy. McMurray's testing was positive bilaterally. He had decreased shoulder range of motion. There was cervical facet and rotator cuff tenderness. A right subacromial injection was performed. The assessment references propr. Medications as including Neurontin. Topamax 50 mg #60 was requested. Antiepilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Topamax (topiramate) has been shown to have variable efficacy but is considered for use for neuropathic pain. However, gabapentin is a first-line treatment. When used for neuropathic pain, guidelines recommend a dose titration of gabapentin of at least 1200 mg per day. In this case, neuropathic pain complains are not documented in June or July 2015. There is reference to prior gabapentin use. Prescribing Topamax without either a trial of gabapentin or review of the claimant's response to a prior trial of gabapentin use is not medically necessary.