

Case Number:	CM15-0030236		
Date Assigned:	02/23/2015	Date of Injury:	02/01/2012
Decision Date:	04/02/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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: New Jersey

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 56 year old female, who sustained an industrial injury on 2/01/2012. The diagnoses have included brachial neuritis or radiculitis, cervicgia, cervicobrachial syndrome, pain in joint of shoulder and Enthesopathy. Treatment to date has included medications, acupuncture and diagnostic testing. Currently, the IW complains of neck pain and left upper extremity pain. Pain is rated as 7/10 without medication. Pain level decreases to 5/10 with medications. Objective findings included tenderness to the cervical spine with restricted range of motion, paravertebral tenderness and reduced sensation to the left arm. EMG (electromyography) dated 8/20/2014 confirmed bilateral C5-6 radiculopathy. Surgical intervention has been recommended. On 2/13/2015, Utilization Review non-certified a request for Trokendi XR noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/16/2015, the injured worker submitted an application for IMR for review of Trokendi XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trokendi XR 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. Topiramate, specifically, 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. In the case of this worker, she had reported feeling numbness and trembling in her lips after taking gabapentin at night. She was then recommended Trokendi XR (long-acting, daily use topiramate) for the purpose of decreasing fatigue, according to the notes reporting the conversation between the prior reviewer and the provider about the subject. There was no further explanation found in the documentation regarding why the Trokendi XR was recommended before a trial of shorter-acting twice daily topiramate. A trial of short-acting topiramate can also be used at night to replace the gabapentin, which was only used at night, and may be more effective, in the opinion of the reviewer. Therefore, the Trokendi XR will be considered medically unnecessary and other medications may be considered.