

Case Number:	CM15-0033205		
Date Assigned:	02/26/2015	Date of Injury:	01/27/2009
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

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 39 year old female, who sustained an industrial injury on 1/27/2009. The current diagnoses are neck pain, discogenic neck pain, and myofascial neck pain. Currently, the injured worker complains of constant neck pain that radiates into her left upper extremity. The pain varies between sharp, achy, and burning in character. Without medications, the pain is rated 5-6/10 on a subjective pain scale. Additionally, she reports recent right-sided neck pain. The physical examination of the cervical spine reveals limited range of motion. She has 2/4 reflexes in her upper extremities and 4/5 strength in the left C6-C7 nerve root. There is decreased sensation to pin prick throughout her left upper extremity. Treatment to date has included medications, soft cervical collar, and physical therapy. The treating physician is requesting Topamax 25mg #120 and urine drug screen, which is now under review. On 2/3/2015, Utilization Review had non-certified a request for Topamax 25mg #120 and urine drug screen. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 mg, 120 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

Decision rationale: Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, it is apparent that the provider is starting this as a new medication since the patient had not been seen in several months. Its indication is off-label for nerve-based pain. Given this, Topamax is medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. No specific suspicion of illicit or aberrant behaviors were documented. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has not recently performed a toxicology test, but it is also clear that the patient has been off of all medications in a note on 12/24/14. Given these factors, a urine drug screen at this time is not medically necessary.