

Case Number:	CM15-0036674		
Date Assigned:	03/05/2015	Date of Injury:	04/19/2011
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/26/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male who reported an injury on 05/19/2011. The mechanism of injury involved a motor vehicle accident. The current diagnoses include status post motor vehicle accident, low back pain, lumbar disc protrusion with radiculitis, neck pain, cervical spondylosis, cervical disc bulge, cervical degenerative disc disease, postconcussion syndrome, status post cracked tooth, and bruxism. On 01/14/2015, the injured worker presented for a follow-up evaluation with complaints of persistent neck and low back pain, as well as stiffness, numbness in the bilateral upper extremities, and pain with prolonged standing. The injured worker was status post lumbar ESI on 09/16/2014 with significant improvement. Upon examination, there was a negative straight leg raise test bilaterally, 5/5 motor strength in the upper and lower extremities, normal flexion and extension of the cervical spine, cervical rotation to 70 degrees, 2+ deep tendon reflexes, and decreased sensation over the left L5-S1 dermatomal distribution. The injured worker ambulated independently without the assistance of a device. Recommendations at that time included an H-wave stimulation unit and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Topamax 50 mg #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. In this case, it is noted that the injured worker has utilized the above medication since at least 08/2014. There was no documentation of objective functional improvement. There was no mention of a failure of first line anticonvulsants. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.