MAXIMUS Federal Services

Case Number:	CM15-0054539		
Date Assigned:	03/27/2015	Date of Injury:	08/26/2011
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic hip, low back, leg, and wrist pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of August 26, 2011. In a utilization review report dated March 12, 2015, the claims administrator failed to approve a request for Topamax. An RFA form of March 4, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 3, 2015, the applicant was described as having issues with severe depression and anxiety with constant physical pain complaints. The applicant was wheelchair bound, it was acknowledged, as of this point in time. On December 1, 2014, the applicant reported ongoing complaints of neck, mid back, low back, and right lower extremity pain with derivative complaints of depression, anxiety, and headaches. The applicant was wheelchair bound, it was acknowledged. The attending provider then stated that the applicant would be bedridden without his medications. The applicant was using Suboxone, Klonopin, Compazine, Lopressor, Zestril, Pamelor, Soma, Neurontin, Protonix, Topamax, Colace, MiraLAX, hydrocortisone, it was acknowledged. The applicant was placed off of work, on total temporary disability, while multiple medications were renewed, including Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg, #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21, 24,29,68,111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 21; 7.

Decision rationale: No, the request for Topamax, an anticonvulsant adjuvant medication, is not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax can be considered for use of neuropathic pain when other anticonvulsants fail, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on the December 1, 2014 progress note on which Topamax was renewed. The applicant was wheelchair bound on that date. The applicant was still dependent on opioid agents such as Suboxone, it was further acknowledged. The attending provider's commentary that the applicant would be bedridden without his medications did not, in and of itself, constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Topamax usage. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request is not medically necessary.