

Case Number:	CM15-0059111		
Date Assigned:	04/03/2015	Date of Injury:	05/05/2011
Decision Date:	08/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 54 year old female, who sustained an industrial injury on 5/5/11. The injured worker has complaints of right ankle pain. The diagnoses have included reflex sympathetic dystrophy, unspecified. Treatment to date has included bone scan on 1/6/15 showed no abnormal areas of increased radiotracer concentration in the right ankle and in the remaining obtained limited images of both lower extremities magnetic resonance imaging (MRI) of the right ankle on 1/6/15 showed chronic sprain injury of the anterior talofibular ligament, unchanged as compared to the prior study, thickening of the calcaneofibular ligament, likely related to prior injury, no evidence of acute ligament or tendon injury or resolution of the previously noted plantar fasciitis; plantar fascia procedure with a plantar fasciotomy and tarsal tunnel release and reflex sympathetic dystrophy/complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg #30 D/S 30: Upheld

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

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

Decision rationale: Topiramate 50 mg #30 D/S 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Topiramate treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation does not reveal evidence of progress notes discussing a rationale for Topiramate. It is not clear what this medication is being used for or how long the patient has been on this medication. The request is therefore not medically necessary.