

Case Number:	CM14-0142764		
Date Assigned:	09/10/2014	Date of Injury:	03/05/2004
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] eligibility worker who has filed a claim for chronic leg pain, ankle pain, and venous varicosities reportedly associated with an industrial injury of March 8, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and reported return to regular duty work. The claims administrator denied a request for Topamax and a [REDACTED] program through the Utilization Review process. The applicant's attorney subsequently appealed. In an August 13, 2014 telephone encounter, the attending provider apparently stated that the claims administrator had informed him telephonically that he could not approve the weight loss program on the grounds that it did not constitute medical treatment and further stated that he could not approve Topamax on the grounds that the attending provider's progress note was not typewritten. The applicant's attorney subsequently appealed. In an August 7, 2014 handwritten progress note, the applicant apparently reported issues with lower extremity venous varicosities/venous stasis dermatitis. The applicant also developed issues with cellulitis, it was stated. Pitting edema was noted about the bilateral lower extremities, apparently suggestive of cellulitis. Norco, Topamax, and Motrin were apparently renewed on the grounds that that they were diminishing the applicant's pain complaints from 7-8/10 without medications to 3-4/10 with medications and were ameliorating the applicant's ability to work and perform home exercises. A 10-week [REDACTED] program was also sought. It was stated that the applicant should also consider bariatric surgery. The note suggested that the applicant's BMI was 48, based on a current weight of 360 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Antiepileptic Medications for Neuropathic Pain Page(s): 21.

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

Decision rationale: 1. Yes, the request for Topamax, an anticonvulsant adjuvant medication, is medically necessary, medically appropriate, and indicated here. As noted on page 21 of the MTUS Chronic Pain Medical Treatment Guidelines, Topiramate or Topamax is considered for use for neuropathic pain when other anticonvulsants fail and has, furthermore, been investigated as an adjunct treatment for obesity. In this case, it appears that Topamax is being employed for neuropathic/chronic pain. The medication in question does represent a renewal request. As suggested by the attending provider, the applicant has demonstrated medication efficacy as evinced by the applicant's successful return to and/or maintenance of regular duty work status with the same. Given the superimposed issues with severe obesity with a BMI of 48 also present here, selection of Topamax appears to be a particularly appropriate choice here as it could theoretically also be employed as an adjunct treatment for obesity here. Therefore, the request is medically necessary.

██████████ Program for 10 Weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/15630109>: Systematic Review: Evaluation of Major Commercial Weight Loss Programs in the United States. and
http://www.aetna.com/cpb/medical/data/1_99/0039.html: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/123702-treatment> Obesity Treatment & Management - Author: Osama Hamdy, MD, PhD, FACE; Chief Editor: Romesh Khardori, MD, PhD, FACP Evidence supports the use of commercial weight-loss programs. A 12-week randomized, controlled trial found that commercially available weight-loss programs are more successful and more affordable than primary care practice-based progra

Decision rationale: 2. Similarly, the proposed ██████████ program for 10 weeks is medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 1, page 11 takes a tepid-to-unfavorable position on weight loss programs, noting that strategies based on modification of applicant-specific risk factors such as weight loss may be "less certain, more difficult, less cost effective," in this case, it appears that a weight loss

program trial may be the most cost effective option possible here. The attending provider has written that the applicant may be considering a vascular surgery for venous varicosities and/or bariatric surgery for her severe obesity with a BMI of 48. A trial weight loss program would theoretically be more cost effective than either of these options. It is further noted that Medscape notes that current evidence does support the usage of commercial weight loss programs, stating that they are more successful and more affordable than primary care practice based programs. For all of the stated reasons, then, the request is medically necessary.