

Case Number:	CM14-0161055		
Date Assigned:	10/06/2014	Date of Injury:	03/16/2006
Decision Date:	11/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain 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 injured worker is a 44 year old female with a date of injury on 3/16/2006. The mechanism of injury was not specified. She was diagnosed with (a) chronic pain syndrome, (b) lower extremity and/or upper extremity pain, (c) shoulder sprain and strain, (d) history of seizure (less than two years), and (e) right complex regional pain syndrome. In a progress note dated April 28, 2014 it was indicated that the injured worker complained of muscle spasm and sweating in the right upper extremity. The physical examination revealed that she was alert and oriented and she ambulated with a normal gait. The range of motion of the upper extremity was diminished. She was to follow up with the provider. This is a review of the requested referral to a specialist at [REDACTED], Ibuprofen, and Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for a specialist at [REDACTED] (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: The medical records received have limited information to support the necessity of a referral for a specialist at [REDACTED]. The American College of Occupational and Environmental Medicine guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or is extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this injured worker's case, absent was the documentation for the reason for referral as well as what kind of specialist is being requested and what particular areas of concern would benefit from it. Therefore, it can be concluded that the medical necessity of the requested specialist at [REDACTED] is not established. The request for a Specialist at [REDACTED] (unspecified) is not medically necessary.

Topiramate 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary Chapter

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines stipulate that Topiramate (Topamax) has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of "central" etiology and is still considered for use for neuropathic pain when other anticonvulsants fail. In the medical records submitted for review, there were no clear subjective and objective findings of neuropathic pain for which Topiramate is primarily indicated for. Furthermore, absent was the documentation that the injured worker trialed and failed other anticonvulsants. Therefore, the medical necessity of the request for Topiramate 100mg #60 is not established. The request for Topiramate 100mg #60 is not medically necessary.

Ibuprofen 800mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that ibuprofen which is an anti-inflammatory medication is considered to be the traditional first line treatment to reduce mild to moderate pain; however, it also indicated that doses greater than 400 mg have not provided greater relief of pain. In the medical records submitted for review, absent was the documentation of trial and failure of 400 mg ibuprofen in providing pain relief and there was also no indication of objective or quantitative measures with regard to decrease in pain levels or increased in functional improvement with its continued use. Based on these reasons, the medical necessity of the requested Ibuprofen 800 milligrams #30 is not established. The request for Ibuprofen 800mg #30 is not medically necessary.

