MAXIMUS Federal Services

Case Number:	CM14-0161831		
Date Assigned:	10/07/2014	Date of Injury:	04/14/2011
Decision Date:	11/14/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 04/14/2011. The date of the utilization review under appeal is 09/12/2014. The treating diagnoses include chronic repetitive stress to the upper extremities and possible adhesive capsulitis of the right shoulder. On 06/24/2014, the patient was seen in primary treating physician follow-up regarding chronic back and bilateral upper extremity pain. The patient was noted to have previously stopped multiple medications including naproxen, tramadol, Ultram, and Norco. Medications recently prescribed included melatonin, gabapentin, and Topamax. The patient was felt to have pain due to cervical radiculopathy and an ulnar nerve lesion with associated neuropathic pain. The patient had a negative Tinel's sign at the wrist. The patient reported that the medications helped improve her ability to sit, stand, sleep, and perform moderate household chores, and the physician stated that there was no evidence of drug diversion or aberrant activity. The patient felt that she did not need as much gabapentin, and therefore that was discontinued, and Topamax was continued. An initial physician review of 09/12/2014 states that the medical record did not document analysis of whether Topamax had increased the patient's level of function, and thus it was not apparent what specific benefit occurred from that medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg Sprinkle Capsules #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Page(s): 17.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 17 states; regarding neuropathic pain medication that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. An initial physician review states that this criterion was not met. However, the physician note of 06/24/2014 from the primary treating physician does very specifically meet these guidelines. That report outlines in detail numerous other medications which could not be tolerated based on side effects. The note outlines a plan to titrate the dosage of gabapentin based on effectiveness but to continue Topamax, and that note very specifically discusses that the patient reports her medications improve her ability to sit, stand, sleep, and perform moderate household chores. The medical records are very detailed overall in documenting multiple medications which have been both effective and ineffective and the rationale for continuing or adjusting the dosages of these medications. With regard to the current request for Topamax, the guidelines do support this request. Therefore, the request for Topamax 25mg Sprinkle Capsules #60 is medically necessary and appropriate.