

Case Number:	CM14-0167995		
Date Assigned:	10/15/2014	Date of Injury:	10/28/2006
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 Texas. 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:

Medical records reflect the claimant is a 52-year-old male who sustained a work injury on 10/28/06. Office visit on 8/15/14 notes the claimant has anxiety and irritability due to pain and limitations. He reports he receives no pain medications. On exam, the claimant uses a walker. The claimant struggled with memory retention. The claimant uses the following medications: Zoloft, Risperdal and Topamax. The claimant has a diagnosis of major depressive disorder, severe with psychotic feature. The claimant has been treated with 64 psychotherapy and 8 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Anti-Convulsants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation

noting that this claimant has objective findings of radiculopathy on exam or that he has neuropathy. The claimant has a diagnosis of major depressive disorder, severe with psychotic feature. There is an absence in medical literature to support this form of medication for his major depressive disorder with psychotic feature. Therefore, the medical necessity of this request is not established.

Topamax 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Anti-Convulsants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation noting that this claimant has objective findings of radiculopathy on exam or that he has neuropathy. The claimant has a diagnosis of major depressive disorder, severe with psychotic feature. There is an absence in medical literature to support this form of medication for his major depressive disorder with psychotic feature. Therefore, the medical necessity of this request is not established.