

Case Number:	CM14-0176025		
Date Assigned:	10/29/2014	Date of Injury:	02/05/2010
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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:

There were 48 pages provided for this review. The application for independent medical review was signed on October 23, 2014. It was a retrospective review for Topamax 25 mg two tablets at bedtime number 120. Also Seroquel 25 mg wanted two tablets at bedtime number 60. Also tramadol HCl extended release 150 mg one capsule at bedtime number 60. There was a review from October 16, 2014. As of October 9, 2014, the patient complained of low back pain which radiated down to the right lower extremity with associated muscle spasm especially in the anterior right thigh. The patient stated the medications continued to help reduce pain in the low back and improve function. On examination of the lumbar spine, extension was measured to be 20. The Lumbar flexion was measured to be 80. Spasm and guarding were noted. Pain was solicited with facet loading such as extension and rotation bilaterally. The patient had mild tenderness to palpation over the lumbar bony prominences. There was palpable myofascial spasm in the right lumbar paraspinal region with associated guarding. The patient was diagnosed with spinal stenosis, chronic pain syndrome, post laminectomy syndrome, depression and generalized anxiety disorder. Other notes describe the patient sustained an injury after lifting a banquet tray of food weighing about 45 pounds. The patient then experienced an onset of significant low back pain with radiation to the left leg. The patient was taking Topamax. The patient underwent a lumbar spine surgical decompression on February 3, 2011. There were past MRI studies. The electrodiagnostics were suggestive but not diagnostic of mid-right S1 radiculopathy. There was no evidence of right or left peroneal or tibial mono neuropathy. The patient had physical therapy. The patient also went through a functional restoration program in 2011. There was a past epidural injection with significant relief in the right lower extremity pain, but the axial pain continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Topiramate (Topamax) 25 mg 2 tabs at bedtime # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 Page(s): 16,19.

Decision rationale: The MTUS notes that anti-epilepsy drugs (AEDs) like Topamax are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Topamax is essential. The anti-epilepsy drugs have been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and have been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is appropriately considered not medically necessary under the MTUS evidence-based criteria.

Retrospective request for Quetiapine Fumarate (Seroquel) 25 mg 1-2 tabs at bedtime # 60: 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 Official Disability Guidelines (ODG) Pain chapter, under Antidepressants

Decision rationale: The MTUS is silent. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder or if the use has been effective for chronic pain. The request is appropriately considered not medically necessary.

Retrospective request for Tramadol HCL ER 150 mg , one cap at bedtime # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 12,13 83 and 113.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.