

Case Number:	CM14-0088000		
Date Assigned:	07/23/2014	Date of Injury:	01/18/2012
Decision Date:	09/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 Family 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 45 year old female injured on 01/18/12 due to undisclosed mechanism of injury. Diagnoses included L5-S1 and L3-4 disc protrusion, clinical L5-S1 radiculitis, lumbar degenerative facet joint hypertrophy, status post trigger point injections, and status post limited radiofrequency at L4-5 with partial improvement. Clinical note dated 07/29/14 indicated the injured worker presented reporting significant worsening of low back pain with radiating and cramping sensation to left lower extremity. Injured worker rated pain 6-8/10 with Norco and Skelaxin, TENS unit, and lidocaine patches. Prior treatment included radiofrequency neurotomy, epidural injection, Botox injection, TENS unit, medication management, trigger point injections with minimal relief. Physical examination revealed painful and limited range of motion of the lumbar spine in all directions, antalgic gait, tenderness to palpation over lumbar paraspinals, left L5 dermatomal sensory abnormalities, weakness in L5 myotomal distribution. The injured worker received trigger point injections times three with interval improvement. The injured worker was able to wean Neurontin and buprenorphine patches with utilization of Norco, Skelaxin, naproxen, and lidocaine patches for pain management. Treatment plan included continuation of Norco, Skelaxin, and topical lidocaine patches for pain management in addition to orthopedic spine specialist referral. Request for left lumbar facet joint injection submitted. The initial request for Topamax 50mg tablet BID for monthly pick up unspecified duration #60 refills two was denied on 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg tablet, BID for monthly pick up, unspecified duration, Quantity; 60, Refills; 2: 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 Other Antiepileptic Drugs, Topiramate (Topamax, no generic available) Page(s): 20.

Decision rationale: The documentation indicates the injured worker weaned from Topamax due to adverse effects indicating the request for Topamax is unnecessary. As such, the request for Topamax 50mg tablet, BID for monthly pick up, unspecified duration, Quantity; 60, Refills; 2 is not medically necessary and appropriate.