MAXIMUS Federal Services

Case Number:	CM14-0112424		
Date Assigned:	08/01/2014	Date of Injury:	04/11/2008
Decision Date:	05/01/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 26-year-old female, who sustained an industrial injury on 4/11/2008. She reported falling and landing on her buttocks; she experienced immediate, severe buttock pain. Diagnoses have included coccydynia, sleep deprivation, depression and gastritis. Treatment to date has included physical therapy, medication and surgical intervention. According to the progress report dated 2/21/2014, the injured worker complained of lumbar spine pain with intermittent genital numbness with the right side greater than left and bilateral lower extremities numbness and tingling. She rated her low back pain as 5-8/10 depending on her activity level. She also complained of stomach pain related to medication and daily headaches. Physical exam revealed tenderness over the sacrum, coccyx, and paravertebral muscle spasms. Authorization was requested for Reglan and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reglan 10mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference - Reglan (http://www.pdrhealth.com/drugs/reglan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-Emetics, page 14.

Decision rationale: According to the guidelines, medications for nausea or bowel motility and gastritis are not indicated for routine use. Reglan is intended for bowel motility. In this case, the claimant had been on medications that caused nausea and gastritis. Modifications in medications are necessary rather than long-term palliation with motility agents such as Reglan. Therefore, the request is not medically necessary.

Topamax 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax and Anti-Epileptics Page(s): 21.

Decision rationale: According to the guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, there is no indication of failure of a 1st line medication. There is no indication that the pain is of central etiology. Therefore, the request is not medically necessary.