

Case Number:	CM15-0008912		
Date Assigned:	01/26/2015	Date of Injury:	09/23/1997
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, with a reported date of injury of 09/23/1997. The injured worker's date of birth was not indicated in the medical records provided for review. The diagnoses include chronic low back pain. Treatments have included Topiramate, Norco and Butrans patch. The medical report dated 12/22/2014 indicates that the injured worker wanted the Topiramate reduced to 100mg, one tablet nightly, because the 200mg of Topiramate caused severe nausea, difficulty breathing, and elevated blood pressure. The injured worker's activities of daily living continued to remain limited by the severity of her chronic pain. The physical examination showed decreased range of motion of the lumbar spine, tenderness at the bilateral sacroiliac joint and bilateral piriformis muscle. The treating physician requested Topiramate 100mg #30 for pain relief, and Butrans patch 10mcg #4, one patch per week to reduce the severity of pain. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 100 mg #30 per 12/22/14 quantity 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: The California MTUS Guidelines state Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. In this case, there was no documentation of a failure of first line anticonvulsants prior to the initiation of Topamax. There was no documentation of objective functional improvement despite the ongoing use of the above medication. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Butrans Patch 10 mcg #4 Per 12/22/14 form. quantity 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Buprenorphine for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Guidelines recommend buprenorphine for treatment of opioid addiction. It has also been recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. The injured worker does not maintain the above diagnoses of opiate addiction or detoxification. The medical necessity has not been established. There is also no evidence of objective functional improvement despite the ongoing use of the above medication. There is no frequency listed in the above request. As such, the request is not medically appropriate.