

Case Number:	CM15-0109578		
Date Assigned:	06/16/2015	Date of Injury:	03/21/2014
Decision Date:	07/16/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female, who sustained an industrial injury on 3/21/2014. She reported pain when lifting a box. The injured worker was diagnosed as having lumbar herniated nucleus pulposus with radiculopathy, left shoulder post-surgical repair and sleep deprivation. Left shoulder x ray showed avulsion of a great tuberosity, lumbar magnetic resonance imaging showed disc desiccation and broad based posterior disc herniation and a normal electromyography (EMG) /nerve conduction study (NCS). Treatments to date has included physical therapy, epidural steroid injection, trigger points injections, chiropractic care and medications management. In a progress note dated 4/17/2015, the injured worker complains of constant low back pain that radiates to the bilateral lower extremities with numbness, tingling and stiffness, sleeping difficulty and left shoulder fracture pending surgical repair. Physical examination showed thoracolumbar muscle spasm. The treating physician is requesting Topamax 25 mg #60. The IW reported weight loss with utilization of Topamax. The medications listed are Norco, Anaprox, Topamax, Fexmid, Neurontin and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Topiramate (Topomax, no generic available) Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient is utilizing multiple muscle relaxants and sedative medications. The records indicate that the Topamax was being utilized off label for weight loss purposes that is outside the MTUS and ODG recommendation. The criteria for the use of Topamax 25mg #60 was not met.