

<b>Case Number:</b>	CM15-0014814		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, District of Columbia, Maryland  
 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 48-year-old female injured worker suffered and industrial injury on 2/20/2008. The diagnoses were lumbar disc displacement without myelopathy, disorders of the sacrum, sciatica, depression, chronic pain syndrome. The treatments were functional restoration program, cervical spinal cord stimulator, facet injections and medications. The treating provider reported cervical spasms. The Utilization Review Determination on 1/14/2015 non-certified: 1. Topamax 50mg #60, MTUS. 2. Naproxen 550mg #60, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg #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 Antiepilepsy Drugs Page(s): 16 and 21.

**Decision rationale:** The MTUS supports the use of anti-convulsants, but notes that Topiramate may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anti-convulsants have been trialed. As such, the request is considered not medically necessary.

**Naproxen 550mg #60:** Overturned

**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 NSAIDs Page(s): 68.

**Decision rationale:** I respectfully disagree with the UR physician. Not only are NSAIDs such as naproxen considered to be the first line agents to decrease pain and improve function but the attached medical record indicates that there has been benefit with the usage of naproxen. As such, this request for naproxen is medically necessary.