

Case Number:	CM15-0112014		
Date Assigned:	06/11/2015	Date of Injury:	09/14/2010
Decision Date:	06/30/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57 year old male, who sustained an industrial injury on September 14, 2010 while working as an inspector at a beverage company. The injured worker had been treated for neck and low back complaints. The diagnoses have included cervical spine sprain/strain, cervical disc disease, left cervical seven radiculopathy, low back pain, lumbar disc disease, atrophy of the left forearm, anxiety and depression. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, a transcutaneous electrical nerve stimulation unit, back brace, cold wrap, acupuncture treatments, chiropractic treatments and physical therapy. Current documentation January 23, 2015 notes that the injured worker reported neck and low back pain. Examination of the lumbar spine revealed tenderness and a decreased range of motion. A Patrick's test produced low back pain. The injured worker also was noted to have restricted function in the lower extremities. Examination of the cervical spine revealed a decreased range of motion. Tenderness was noted along the facets. Reflexes were symmetric at the biceps, but were 2+ on the right biceps and absent on the left. The treating physician's plan of care included a request for the medications Topiramate 50 mg and Fenopfen Calcium 400 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg tablet (Topamax): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 16-21.

Decision rationale: Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested topiramate (Topamax) 50 mg tablet is not medically necessary.

Fenoprofen Calcium 400 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 114-116, 21, 78, 67-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67-72.

Decision rationale: Regarding the request for Fenoprofen Calcium 400 mg Qty 60, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Fenoprofen Calcium 400 mg Qty 60 is not medically necessary.