

Case Number:	CM15-0116126		
Date Assigned:	06/29/2015	Date of Injury:	12/31/1999
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 61 year old, male who sustained a work related injury on 12/31/99. The diagnoses have included low back pain strain/sprain, bilateral knee strain and osteoarthritis of both knees. Treatments have included physical therapy, vocational rehabilitation, knee injections and medications. In the PR-2 dated 6/4/15, the injured worker complains of difficulty walking. He complains of bilateral calf weakness due to frequent muscle cramps. He complains of constant, achy low back pain. He rates his pain level a 5-6/10 with medications and a 7-8/10 without medications. His activities are limited by pain. He complains of moderate to severe knee pain that limits his daily activities. He is guarded in his ambulation and transfers. He has a stiff gait. He has limited range of motion in low back. He has tenderness over spinous processes. He has crepitus in both knees with movement. The treatment plan includes a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per ODG guidelines, Metformin is recommended as a first-line treatment of type 2 diabetes. It is effective in lowering blood sugars. It is effective as a standalone treatment or used in combination of other anti-diabetic agents. It has a short duration of action so it is usually taken two to three times a day. There is no documentation noted that discusses what his blood sugar levels are or that he has type 2 diabetes. Therefore, the requested treatment of Metformin is not medically necessary.

Topamax 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Topiramate (Topamax) Page(s): 16-21, 113.

Decision rationale: Per CA MTUS guidelines, Topiramate (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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007)" There are no complaints of neuropathic pain by the injured worker nor is there documentation of neurodiagnostic studies that indicates that he has neuropathy. There is no documentation of a decrease in pain levels or an increase in functional capabilities with activities of daily living using this medication. Therefore, the requested treatment of Topamax is not medically necessary.