MAXIMUS Federal Services

Case Number:	CM15-0171566		
Date Assigned:	09/18/2015	Date of Injury:	02/18/2003
Decision Date:	10/20/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old female who reported an industrial injury on 2-18-2003. Her diagnoses, and or impressions, were noted to include: left shoulder impingement syndrome with biceps tendinitis and partial cuff tear, status-post surgery (4-25-14); cervical sprain with facet inflammation and radiculitis; left lateral epicondylitis; left carpal tunnel syndrome; discogenic lumbar condition with radicular component down the left lower extremity; and chronic pain syndrome with associated weight gain - significant, sleep disorder, and some depression. No current imaging studies were noted. Her treatments were noted to include: left shoulder surgery on 4-25-2014; medication management; and modified work duties. The progress notes of 7-22-2015 reported a follow-up evaluation reporting: that she was not working; had persistent, unchanged, and constant, but different left shoulder pain, and persistent, unchanged, and constant neck and low back pain, with popping and clicking; tightness in the shoulder; that she paid out of pocket for her medications due to denial; and difficulty sleeping with some anxiety and stress, secondary to pain. Objective findings were noted to include: tenderness along the cervical and lumbar para-spinal muscles and left shoulder, and discomfort with abduction at 120 degrees. The physicians request for treatments was noted to include: Topamax 50 mg (#60), and a referral to pain management for possible injection. The 4-7-2015 progress notes showed she was given Topamax 50 mg, #60, for neuropathic pain. The Request for Authorization, dated 7-20-2015, was noted to include Topamax 50 mg (#60), and a referral to pain management. The Utilization Review of 7-31-2015 non-certified the requests for: Topamax 50 mg, #60, and 1 pain management evaluation.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California MTUS section on topamax states: Topiramate (Topamax, no generic available) 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 is no failure of first line anticonvulsant therapy. Therefore the request is not medically necessary.

One pain management referral: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing back, neck and shoulder pain despite conservative therapy. Therefore the need for pain management consult has been established and the request is medically necessary and approved.