MAXIMUS Federal Services

Case Number:	CM15-0040473		
Date Assigned:	03/10/2015	Date of Injury:	05/01/2009
Decision Date:	05/11/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 41-year-old male who reported an injury on 05/01/2009. The mechanism of injury involved a fall. The current diagnoses include chronic pain syndrome, myofascial pain syndrome, history of lumbar back pain, history of insomnia, history of seizure disorder, and occipital neuralgia. The injured worker presented on 01/21/2015 for a followup evaluation with complaints of cervical pain radiating into the upper extremities. The injured worker also reported headaches. The current medication regimen includes Keppra 500 mg, Topamax 100 mg, and butalbital. Upon examination, there was diffuse tenderness in the cervical area with severe tenderness on palpation of the occipital nerve. There was diffuse weakness in the upper extremities and diminished deep tendon reflexes. Recommendations at that time included a continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keppra 500mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The California MTUS Guidelines state Keppra is among the antiepileptic drugs most recently approved. While these drugs may be effective for neuropathic pain, the ultimate role of this agent for pain requires further research and experience. This agent should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. In this case, it was noted that the injured worker has continuously utilized the above medication since at least 10/2014. There was no documentation of objective functional improvement following the ongoing use of this medication. The medical necessity for the requested medication along with the current utilization of Topamax has not been established. As such, the request is not medically appropriate.

Topamax 100mg, #60, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The California MTUS Guidelines state Topamax has been shown to have variable efficacy with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. In this case, it was noted that the injured worker has continuously utilized the above medication since at least 10/2014. There was no evidence of objective functional improvement. There was no indication that this injured worker has failed to respond to first line anticonvulsants. The injured worker is also utilizing Keppra 500 mg. The medical necessity for the requested medication has not been established. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.