

Case Number:	CM15-0064890		
Date Assigned:	04/13/2015	Date of Injury:	03/19/2012
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/06/2015

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: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial injury on 3/19/2012, due to repetitive motion. The injured worker was diagnosed as having carpal tunnel syndrome, median nerve lesion, not elsewhere classified and ulnar nerve lesion. Treatment to date has included diagnostics, splinting, physical therapy, surgical consultation, and medications. Electromyogram and nerve conduction studies (upper extremities) were referenced. A trial of Gabapentin was initiated per the visit on 12/02/2014. Currently (3/26/2015), the injured worker complains of pain in both upper extremities. He reported that the pain in his left upper extremity, in the base of thumb radiating to his elbow, was improved with Topamax use. He also noted improved sleep with Topamax. Pain was rated 8/10 with medication use (Norco reported as taken the previous evening). The pain in his bilateral forearms was documented as "more or less the same", and radiated up into his shoulder and neck, right greater than left. Current medication use included Norco, Topamax, Aspirin, along with cardiac and diabetes medications. He was currently not working, as light duty restrictions were not available. Gabapentin was documented as causing increased symptoms in his upper extremities. The treatment plan included Topamax with titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #60 w/o refills: Overturned

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

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

Decision rationale: MTUS Guidelines support the use of Topamax as a second line drug for neuropathic pain. This individual's condition and circumstances are consistent with Guideline supported use of Topamax. He has neuropathic pain and there has been a failure of a common first line drug. The Topamax is clearly documented to improve his pain and quality of life. The Topamax 100mg, #60 w/o refills is supported by Guidelines and is medically necessary.