

Case Number:	CM15-0073845		
Date Assigned:	04/23/2015	Date of Injury:	03/01/2012
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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:

The injured worker is a 26 year old female, who sustained an industrial injury on March 1, 2012. She reported being hit in the face and head, with her left arm twisted by an elderly male patient. The injured worker was diagnosed as having cervicgia, lumbago, myalgia, and headaches, complex regional pain syndrome (CRPS) of the left upper extremity, chronic pain syndrome, opioid dependence, tremors, hypersensitivity, and status post spinal cord stimulator placement. Treatment to date has included spinal cord stimulator, x-rays, home exercise program (HEP), physical therapy, steroid injections, acupuncture, biofeedback, and medication. Currently, the injured worker complains of severe pain, with increased pain in the left hand, spasms, and tremors. The Treating Physician's report dated March 18, 2015, noted the injured worker was not sleeping well, with the pain getting worse. The injured worker reported Requip had helped previously, however it was not authorized recently, and was currently not on any medications. Physical examination was noted to show tremors, spasms, and hypersensitivity with tenderness to palpation noted diffusely. The treatment plan was noted to include requests for authorization for Requip, Topamax, Imitrex, and Zubsolv, a urinalysis, and a referral to a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ReQuip 1mg, Qty: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/10446316> Brain Res. 1999 Aug 14; 838 (1-2): 51-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, requip.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. Per the physician desk reference, the requested medication is indicated in the treatment of restless leg syndrome. The patient does not have this primary diagnosis and therefore the medication is not certified and is not medically necessary.

Topamax 50mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 21.

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

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) The included clinical documentation for review does not show failure of first line anticonvulsant therapy for neuropathic pain. Therefore, the request is not certified and is not medically necessary.