MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **11/21/2013**

Employee:	
Claim Number:	
Date of UR Decision:	7/5/2013
Date of Injury:	5/18/2012
IMR Application Received:	8/3/2013
MAXIMUS Case Number:	CM13-0006693

1) MAXIMUS Federal Services, Inc. has determined the request for Topiramate-Topamax 25mg #60 is **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Buprenorphine 0.1 mg, #60 is **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/3/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for Topiramate-Topamax 25mg #60 is **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Buprenorphine 0.1 mg, #60 is **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
65 y/o male injured worker who has been treated for back and leg pain. UR determination on 7/29/13, and the UR physician reviewed the letter from 7/11/13 by Dr [redacted]. Since then, a progress report dated 8/15/13 has been provided, and states that there is significant reduction in pain and objective measurement of functional improvement with the combination of gabapentin, buprenorphine, and topiramate. The UR determination notes that Topiramate was non-certified in part due to no documentation of trial of first-line anti-epileptic drugs (AED)s.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** Topiramate-Topamax 25mg #60**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Antiepilepsy drugs (AED), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Antiepilepsy druge (AEDs), pg. 17, which is part of the MTUS.

Rationale for the Decision:
MTUS supports combination therapy if treatment with a single AED drug agent fails. After a review of the records provided, this documentation is new since date of last UR. The UR physician's determination indicates that worsening pain indicates that the medication regimen is not medically necessary, however, this could be a sign of a new organic or non-chronic pain in addition to the underlying chronic pain in this employee, who has objective signs of clinical radiculopathy, and has been advised to pursue surgery by two spine surgeons. Provider indicates ongoing workup with spinal MRI for this exacerbation in pain; until this is completed it cannot be assumed that the worsening of the employee's pain is not due to a new organic or non-chronic pain in addition to the underlying chronic pain. **The request for** Topiramate-Topamax 25mg #60 **is medically necessary and appropriate.**

2) **Regarding the request for** Buprenorphine 0.1 mg, #60**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines-Opioids, which is a part of the MTUS. Also cited the Official Disability Guidelines, Pain (Chronic), which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines-Buprenorphine pg. 27, which is a part of the MTUS.

Rationale for the Decision:
This documentation is new since date of last UR. After a review of the records provided, I respectfully disagree with the UR physician's determination that worsening pain indicates that the medication regimen is not medically necessary, as this could be a sign of a new organic or non-chronic pain in addition to the underlying chronic pain in this employee who has objective signs of clinical radiculopathy and has been advised to pursue surgery by two spine surgeons. Provider indicates ongoing workup for this exacerbation in pain with spinal MRI; until this is completed it cannot be assumed that the worsening of the patient's pain is not due to a new organic or non-chronic pain in addition to the underlying chronic pain. **The request for** Buprenorphine 0.1 mg, #60 **is medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.