

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 5/29/2012
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008580

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a 27-year-old male who reported an injury on 05/29/2012 due to pushing a large table weighing 200 pounds causing an acute feeling of tearing and an onset of pain in the right shoulder. The patient was initially treated with medications and physical therapy. An MRI revealed tendinosis of the supraspinatus and infraspinatus with a tear at the anterior portion of the labrum. The patient received 2 subacromial injections that did not provide adequate relief. The patient underwent right shoulder arthroscopy, subacromial decompression, and labral repair. This was followed by postsurgical physical therapy. The patient underwent a right interscalene brachial plexus nerve block. The patient underwent an electrodiagnostic study that had normal findings on both the EMG and the NCV. The patient had ongoing pain in the neck and right shoulder. Physical findings included restricted range of motion described as 30 degrees in abduction and 30 degrees in flexion with significant tenderness along the clavicle. The patient's medications included Norco 10/325 mg 4 to 6 tablets per day, Anaprox 550 mg 1 tablet twice a day, and Prilosec 20 mg 1 tablet twice a day. The patient's diagnosis included right shoulder girdle internal derangement. The patient's treatment plan included continuation of medications and a trial for a spinal cord stimulator.

IMR DECISION(S) AND RATIONALE(S)

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

1. Topamax 25mg, #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), pg 21, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs) and pg. 16, which is part of MTUS.

The Physician Reviewer's decision rationale:

The request for Topamax 25mg, #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the employee was on a trial of Topamax 25mg, but was unable to tolerate this medication due to significant side effects. It was noted that the employee took the medication for approximately one week and did not notice any significant symptom resolution. The California Medical Treatment and Utilization Schedule does recommend anti-epilepsy drugs such as Topamax for neuropathic pain. However, the clinical documentation submitted for review did indicate that the employee only took this medication for approximately one week due to significant side effects and minimal pain resolution. It was noted within the documentation that the employee was to transition to Neurontin. Therefore, an additional Topamax prescription would not be indicated. **The request for Topamax , #60 is not medically necessary and appropriate.**

/sb

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.

[REDACTED]
[REDACTED]
[REDACTED]

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