

Independent Medical Review Final Determination Letter

3138

Dated: 12/31/2013

IMR Case Number:	CM13-0023581	Date of Injury:	02/05/2003
Claims Number:	[REDACTED]	UR Denial Date:	08/16/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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 Family Practice 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 54-year-old female who reported an injury on 02/05/2003. The patient is currently diagnosed with lumbosacral radiculopathy. The patient was seen by Dr. [REDACTED] on 08/15/2013 with complaints of severe right lower extremity pain. Physical examination revealed mild swelling and redness of the right knee, tenderness to palpation of the medial and lateral joint line, tenderness over the lower lumbar facet joints, positive straight leg raising on the right, 4/5 strength, hyperesthesia over the right dorsum of the foot and lateral calf, and 2+ deep tendon reflexes. Treatment plan included a Toradol intramuscular injection and an epidural steroid injection.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 prescription of Topamax 150 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 16-22, which are part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state Topamax is considered for neuropathic pain when other anticonvulsants have failed. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. The continued

use depends on improved outcomes versus tolerability of adverse effects. As per the clinical notes submitted, there is no evidence of a failure to respond to first line anticonvulsants prior to the initiation of Topamax. It is documented on 07/02/2013, the patient has been utilizing Topamax 100 mg twice per day, and still reports severe pain in the right lateral calf area that is aching and numbness and 8-9/10 intensity. The patient's recent evaluation on 08/15/2013, also reported subjective complaints of 10/10 pain in the entire right lower extremity. Satisfactory response to treatment has not been indicated by a 30% to 50% pain reduction. Therefore, continuation of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

2. 12 Toradol injections per year is not medically necessary and appropriate.

The Claims Administrator based its decision on the [[Insert Guidelines used]].

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 67-73, which are part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and are indicated for osteoarthritis. There is no evidence to recommend 1 drug in this class over another based on efficacy. Based on the clinical information received, the patient has previously reported greater than 50% relief following previous Toradol injections. The use of Toradol injections seems reasonable; however, the request for 12 Toradol injections per year is excessive. A previous request on 08/19/2013 was also modified to include only 1 Toradol injection. California MTUS Guidelines do not recommend Toradol for chronic pain conditions. Therefore, the request for 12 Toradol injections per year has been certified with modification to include 1 Toradol injection with the remaining 11 injections non-certified.

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]

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