

<b>Case Number:</b>	CM13-0013116		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Orthopedic Surgery 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 52-year-old who reportedly suffered an injury at work on 06/05/03. He has been treated for chronic back and lower extremity complaints. Records reflect that an MRI scan from March of 2012 that documented multilevel degenerative disc disease and mild neuroforaminal stenosis. The records reflect a long course of treatment including narcotic medications, injections, and other conservative measures for his ongoing symptoms. More recent request is to determine the medical necessity of the requested medications including Topamax 100 mg HS, Topamax 50 mg HS, and Voltaren topical gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for prescription of Topamax 100 mg oral tablet, 1 PO Q HS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17-18.

**Decision rationale:** The records reflect that this gentleman has apparently on a number of neurologic medications for his back complaints. According to the review, the Topamax is one of several medications of similar pharmaceuticals that have not apparently resulted in meaningful

improvement. As such, and in consideration of the MTUS Guidelines, the request for continued Topamax use in this setting would not be considered reasonable and medically necessary, as the patient has apparently been on similar medications and/or is on similar medications without meaningful benefit, and as such, the request would not be considered reasonable and medically necessary. Similar comments can be made since there were different doses. Of note, the previous review had been modified to allow for weaning consistent with the appropriate guidelines under these circumstances.

**Request for prescription of Topamax 50 mg oral tablet, 1 PO Q HS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**Decision rationale:** The records reflect that this gentleman has apparently on a number of neurologic medications for his back complaints. According to the review, the Topamax is one of several medications of similar pharmaceuticals that have not apparently resulted in meaningful improvement. As such, and in consideration of the MTUS Guidelines, the request for continued Topamax use in this setting would not be considered reasonable and medically necessary, as the patient has apparently been on similar medications and/or is on similar medications without meaningful benefit, and as such, the request would not be considered reasonable and medically necessary. Similar comments can be made since there were different doses. Of note, the previous review had been modified to allow for weaning consistent with the appropriate guidelines under these circumstances.

**Request for prescription of Voltaren Topical 1% topical gel: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 111-112.

**Decision rationale:** The use of Voltaren gel would not be considered reasonable and medically necessary for this patient. He is apparently on another topical antiinflammatory medication and the utilization of duplicative medications would not be considered reasonable and medically necessary, nor would that be consistent with the MTUS Guidelines in this setting. Additionally the MTUS guidelines, generally state that topical medications have not been proven to be efficacious. That combined with the above statements would further support the denial of medical necessity in this setting.