

Case Number:	CM13-0017538		
Date Assigned:	11/08/2013	Date of Injury:	01/24/2009
Decision Date:	07/31/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/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 patient is a 53 year old female who was injured on 01/24/2009. The mechanism of injury is not documented in the record. The patient underwent an arthroscopy of the left shoulder with debridement of partial-thickness supraspinatus tear, left shoulder and decompression of subacromial space with partial acromioplasty with coracoacromial release, left shoulder on 02/04/2014. On note dated 12/10/2013, it is documented the patient complained of neck pain and she applied hot and cold packs to the area. She was noted to be very tender on the neck and left shoulder. She was diagnosed with chronic headaches and Topamax 100 mg tid #90 was requested. This note is the only note that mentions subjective complaints of headaches. A progress report dated 06/16/2014 indicates the patient complained of pain in the left shoulder and left neck. Objective findings on exam revealed tenderness of the left shoulder and left neck. She was diagnosed with chronic pain in the left shoulder and left neck. She was given a refill of Robaxin 750 tid #90 with 5 refills, Oxycodone 30 mg tid #90, Increased Lyrica to 150 mg bid. A prior utilization review dated 08/14/2014 states the request for Topiramate tab 100mg 30 day supply, #60 quantity 60.00 is not authorized as clinical evidence provided does not establish medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE TAB 100MG 30 DAY SUPPLY, #60 QUANTITY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epilepsy drugs (Topiramate) Page(s): page(s):21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain, Antiepilepsy drugs (Topiramate).

Decision rationale: Per above MTUS guidelines, topiramate "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." Per above ACOEM guidelines "topiramate is recommended for limited use in select patients with chronic cervicothoracic pain as a fourth- or fifth-line agent. Indications: failure of multiple other modalities including trials of different NSAIDS, aerobic exercise, stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation". Although topiramate may be considered a 4th or 5th line treatment for chronic cervicothoracic pain, there is no documented history of the above listed failure of multiple modalities by the ordering physician. In addition, note from [REDACTED] on 9/20/12 states "Daily Headaches - The patient gets 1-2 migraine headaches on the left side daily. These have not been helped by Topamax in the past." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.