

Case Number:	CM13-0021556		
Date Assigned:	11/13/2013	Date of Injury:	02/20/2003
Decision Date:	01/15/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine and is licensed to practice in New York. 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 60 year old male with a history of of a work related injury on 02/20/2003. The mechanism of injury is not provided. He has diagnoses of chronic low back pain with radiculopathy, neck pain, and upper extremity pain. He is receiving treatment with medical therapy which includes Norco, Protonix, Mirtazapine and Topiramate. He also receives chiropractic treatments and uses a home exercise program which includes stretching. The treating provider has requested Topiramate 25 mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 15.

Decision rationale: Per the documentation, the patient has neuropathic pain related to his chronic back pain condition. The medication is part of his medical regimen and per California MTUS Guidelines 2009, antiepilepsy medications are a first line treatment for neuropathic pain. The patient has reported a reduction in his pain with the medical therapy which would be defined

as a 50% reduction which would represent a good response. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition. The request for topiramate is medically necessary and appropriate.