

<b>Case Number:</b>	CM13-0025353		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Family Practice, has a subspecialty in Preventive Medicine 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. 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:

Sixty two year old male claimant who sustained a head injury with laceration on 7/1/13 developed persistent headaches. An emergency room visit note on 7/2/13 indicated the pain was moderate and Tylenol as well as icepacks was not tolerated. There was no loss of consciousness. A computed tomography scan of the brain showed a small subdural and subarachnoid blood. He was treated with Motrin and Lortab and discharged home. He was seen by a report neurologist /psychologist on 7/23/13, 2013 for persistent headaches, neck pain as well as anxiety related to his injury. At the time he was on Amitriptyline. A subsequent visit on 8/22/13 indicated the claimant had dizziness, vertigo and tinnitus. An Electronystagmogram was ordered and he was placed on Topamax. On 9/26/13, the study result was consistent with peripheral vestibular dysfunction and Topamax was continued (since the patient claimed it helps). An exam report on 10/31/13 did not show any improvement in vertigo symptoms, general complaints or physical exam findings. ¶

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Topamax 25mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Anti-epilepsy Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Topamax is an antiepileptic often used for migraines. According to the California Medical Treatment Utilization Schedule (MTUS) or Official Disability Guidelines (ODG), there are no specific guidelines for migraines from head trauma but guidelines state the following: "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants." Recommended for neuropathic pain (pain due to nerve damage) Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Furthermore, the treatment for acute migraines after Non-steroidal anti-inflammatory drug (NSAIDs) and Acetaminophen have failed are Triptans and Ergotamines (AAFP cited above). The use of Topamax over 2 months also did not demonstrate improvement in subjective complaints or objective findings. As a result, Topamax is not medically necessary.