

<b>Case Number:</b>	CM13-0025836		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 42-year-old female who reported an injury on 05/13/2002 after lifting a case of bananas causing severe pain in the lower back. The patient was initially treated with conservative therapy to include medications, physical therapy, a TENS unit, and chiropractic care. The patient eventually underwent lumbar fusion at L5-S1. The patient was subsequently treated with facet injections, physical therapy, and a spinal cord stimulator trial which all failed to relieve the patient's pain. The patient's most recent psychiatric exam findings document the patient suffers from acute anxiety and depression with Beck Depression Inventory of 49 and Beck Anxiety Inventory of 40. The patient's diagnoses included depressive disorder, pain disorder, psychological factors effecting medical condition, and opioid dependence. The patient's treatment plan included continuation of medications to include Cymbalta 30 mg, trazodone 100 mg, Lunesta 2 mg, and Topamax 25 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25mg, #30 once every 6 weeks for 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and Specific Anti-epilepsy Drugs Page(s): 60 and 21.

**Decision rationale:** The patient does have evidence of anxiety and depression documented within the submitted documentation. However, the clinical documentation did not address any pain deficits that would be supported by the use of this medication. The California Medical Treatment Utilization Schedule recommends anticonvulsants in the treatment of neuropathic pain. However, there is no recent clinical exam findings to support the patient continues to suffer from neuropathic pain. Additionally, the request is for a 12 months supply. This does not allow for re-evaluation and timely assessment to establish efficacy. As such, the requested Topamax 25 mg #30 once every 6 weeks for 12 months is not medically necessary or appropriate.