

Case Number:	CM13-0025887		
Date Assigned:	11/20/2013	Date of Injury:	07/22/2008
Decision Date:	01/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/18/2013

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 and is licensed to practice in Texas. 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 subacromial 48-year-old female who reported injury on 07/22/2008. The mechanism of injury was not provided. The patient was noted to refill Topiramate 50 mg for nerve pain. The physical examination revealed the patient had dysesthesia to light touch in the anterior medial aspect of the right knee and proximal right leg. The patient was noted to have tenderness in the right knee joint line that was worse medially. The request was made for Topiramate 50 mg by mouth 2 times per day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg by mouth two times per day (BID), #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate, see Antispilepsy drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate, AED's (anti-epileptic drugs) Page(s): 21.

Decision rationale: California MTUS Guidelines indicate that Topiramate has been shown to have valuable efficacy with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for neuropathic pain when other anticonvulsants have failed. Clinical documentation submitted for review failed to indicate the patient had trialed anticonvulsants.

Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Topiramate 50 mg by mouth twice a day #60 is not medically necessary.