

Case Number:	CM13-0030903		
Date Assigned:	11/27/2013	Date of Injury:	01/28/2005
Decision Date:	11/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Family Practice, has a subspecialty in Preventative 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 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:

This is a 62-year-old female claimant sustained a work-related injury on involving the neck. She was diagnosed with cervicalgia. She had undergone extensive therapy (electrical, manual, hot/cold and PT) and interventions to help her paraspinal spasms and trapezial pain. Due to neck spasms, migraine headaches and neuropathic pain, she had been on Topamax 100 mg since 2012. Progress note on September 11, 2013 indicated the claimant had undergone bilateral cervical rhizotomies. Examination shows decreased paraspinal tenderness bilaterally and improved range of motion. The claimant was continued on Topamax 100 mg TID along with Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TOPAMAX 100MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptics Page(s): 21.

Decision rationale: According to the MTUS guidelines, Topamax is an antiepileptic. It 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. In this case there is no indication of failure and other medications to treat neuropathy. In addition there are many other first-line options for muscle spasms, headache and pain. The continued use of Topamax is not supported by the guidelines nor is there sufficient clinical evidence to support use for the claimant's diagnoses. The purchase of Topamax #90 as above is not medically necessary.