MAXIMUS Federal Services

Case Number:	CM13-0031809		
Date Assigned:	12/04/2013	Date of Injury:	02/13/1996
Decision Date:	02/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	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 PM&R, has a subspecialty in Interventional Spine 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.

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 53 y.o. female with a date of injury of 02/13/1996. According to report dated 09/18/2013 by [redacted], patient presents with continued low back pain that radiates to the bottom of the right foot and leg. Patient reports pain to be 7/10. Patient is status post L4-S1 fusion surgery dated June, 2000. An EMG/NCV report dated 10/30/2013 documented evidence of chronic right S1 radiculopathy. Current request is for Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax between 9/18/13 and 11/24/13: Upheld

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

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

Decision rationale: Treater is requesting a refill of Topamax to help alleviate patient's lower back pain and numbness in right foot and leg. Topiramate (TopamaxÂ®) 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 (MTUS page 21). MTUS guidelines regarding anti-epileptic drugs for chronic pain also states

that 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). For outcome measures, 30% reduction in pain is clinically important to patients and a "lack of response of this magnitude may be the 'trigger' for" increasing the dose or discontinuation. In this patient, while the patient has been on this medication for some time for radiculopathy, efficacy has not been documented in terms of pain relief and functional improvement. Recommendation is for denial.