

<b>Case Number:</b>	CM13-0031978		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	07/31/2014	<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry 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 case involves a 43-year-old patient, with a 5/13/02 date of injury. The mechanism of injury was not provided. A 10/08/13 progress report indicated that the patient complained of lower back pain, which rated 9/10 with medication, radiating to the left lower extremity, back and hip, that was constant, and aching with numbness and tingling. A 6/3/14 progress report indicated that the patient complained of pain in the left lower extremity, back and bilateral hip pain. She also had new complaint of mid back pain. The physical exam revealed decreased range of motion in the lumbar spine with flexion 15 degrees. She had tenderness throughout lumbar paraspinal muscles and bilateral sciatic notches. The patient had urine drug screen test result dated on 2/28/14, which was inconsistent with the prescribed medication. She was diagnosed with chronic postoperative pain, lumbar postlaminectomy syndrome, lumbar radiculitis, and lumbar intervertebral discs degeneration. The treatment to date includes: medication management and peripheral stimulation of auricular nerve, with minor pain relief. There is documentation of a previous 8/26/13 adverse determination, based on the fact that there was no documentation of history of epilepsy, or failure of other anticonvulsants.

### 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 six (6) weeks for twelve (12) months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-26.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Topiramate (Topamax) is considered for use for neuropathic pain when other anticonvulsants fail. The patient presented with a long history of chronic pain in the lumbar spine radiating to the left lower extremity, back and hip, with occasional shooting, numbness and tingling. She had two (2) P-STIM placements with minor pain relief. A 6/3/14 progress report indicated new pain in her mid-back and she was prescribed Flexeril. However, there was no documentation supporting failure of first-line anticonvulsant therapy. In addition, there was no evidence of failure of other anticonvulsants. Therefore, the request for Topamax 25mg #30 is not medically necessary.