

Case Number:	CM13-0033030		
Date Assigned:	12/06/2013	Date of Injury:	04/02/2006
Decision Date:	07/31/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

The patient is a 54-year-old female who sustained a work related injury on 4/2/2006 as result of a head injury as the passenger of an involved motor vehicle accident. This injury lead to a seizure disorder that is described as right arm and leg pain with associated shaking activity with facial grimacing that may last up to 20 minutes. Since then, she has experienced chronic right shoulder and neck pain, post concussive head injury/headache, memory problems, otalgia, trigeminal neuralgia, myofascial pain syndrome, seizures and cervical sprain/strain. She has undergone right shoulder rotator cuff repair. Her seizure activity seems to be triggered by high altitude, florescent lighting, heat, stress and laughing that occurs 2-3 times monthly. This has been associated with urinary incontinence. She reports utilizing her medications without significant side effects. Pertinent objective findings include a decreased cervical range of motion with myofascial trigger points within the cervical paraspinal musculature and an intact neurovascular control of both upper and lower extremities. Her current medication regimen includes Tylenol #3, Prozac 40mg, and Plavix. In dispute is a decision regarding a prescription for Topamax which, according to the patient's neurologist and documented on a progress report dated May 29, 2013 still affords moderate relief which she is continuing, a possible reference for the treatment of her seizure disorder. The progress report dated from June to September of 2013 by her primary treating physician indicates that the Topamax is for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 17, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: Topiramate (Topamax) 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. A good response to the use of anti-epilepsy drugs (AEDs) has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (tricyclic antidepressants (TCA), serotonin-norepinephrine reuptake inhibitor (SNRI) or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. According to the ODG guidelines, anti-epilepsy drugs (AED's) are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). 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. It is still considered for use for neuropathic pain when other anticonvulsants fail. A review of the relevant provided medical documentation to the date of the Utilization Review/request identifies that the patient tolerates her medication well and is not experiencing significant side effects. However, there is no documentation of functionality or improvement in her pain complaint. In fact, the request for home health services indicates that her ability to perform activities of daily living on her own has actually deteriorated. It is somewhat confusing as to the reasoning for which the Topiramate is being utilized to treat: the patient seizure disorder or her neuropathic pain. Last, there is no documentation of other forms of AED's having been attempted and failed as initial therapies for either her neuropathic pain or her seizure disorder. Until such time that a comprehensive response to therapy is documented for either the patient's seizure disorder or her neuropathic pain, the continued use of Topiramate is not medically necessary. A review of both the ODG and Chronic Pain Medical Treatment Guidelines identified a weaning period before discontinuance of the medication. Therefore, Topamax is not medically necessary.