

Case Number:	CM13-0035968		
Date Assigned:	12/13/2013	Date of Injury:	07/30/2003
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation 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 46 year old male with a date of injury of 07/30/2003. The listed diagnoses are: 1. Lower back pain 2. Neck pain 3. Anterior spinal artery compression syndrome 4. Quadriplegia, C5-7 incomplete 5. Chronic pain According to report dated 09/09/2013, patient presents with persistent neck and low back pain. Patient reports pain level as 7-8/10 in severity, with current medications helping. Patient is status post C6-7 fracture dislocation, C6 incomplete quadriplegia. It is noted that patient has no motor function in either lower extremity. Cervical pain with upper cervical facet and "possible radicular pain" noted. Neuropathic pain in the right upper extremity was noted with possible complex regional pain syndrome. Treater recommends patient continue Topamax for nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Topamax 50mg (Topiramate) Tablet 100mg 1 tab by mouth 1 time a day for nerve pain, #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with persistent neck and lower back pain. The treater is requesting a refill of Topamax for patient's nerve pain. According to MTUS guidelines page 21 "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." MTUS guidelines (pg 16, 17) 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 post herpetic 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)." This patient has been on this medication since 12/12/2011 for nerve pain, and MTUS guidelines regarding anti-epileptic drugs states "there is a lack of expert consensus on the treatment of neuropathic pain in general". The treater reports "current medications are helping" but specific benefits are not discussed. Since MTUS allows for the use of this medication when other medications have failed, and the assumption that the treater has tried other medication, recommendation is for authorization.