

Case Number:	CM13-0042548		
Date Assigned:	06/09/2014	Date of Injury:	04/21/2003
Decision Date:	08/04/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/19/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 58-year-old female who reported an injury on 04/21/2003 due to a slip and fall from a chair. The injured worker complained of ongoing pain to her right lower back area and down the leg. On physical examination dated 05/30/2014 there was diffuse tenderness to the lumbosacral area. Supine straight leg raise is positive on the right and the left. Sitting straight leg raise is positive on the right and left. The injured worker's diagnoses were cervical radiculopathy, lumbar radiculopathy, cervical discogenic spine pain, lumbar discogenic spine pain, and facet arthropathy, lumbar. The injured worker's medication was oxycodone, Lidoderm patch, Topamax, Albuterol inhaler, Wellbutrin, and Lunesta. Treatment was for Topamax 100 mg capsules. Past diagnostics dated 04/10/2013 indicated operations performed were a bilateral L5 transforaminal epidural steroid injection, a bilateral transforaminal epidural steroid injection, epidurogram with fluoroscopy for needle localization. The request for authorization form was not submitted with documentation for review. The request for Topamax 100 mg capsules #360 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg Capsules #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AED) Page(s): 1.

Decision rationale: The request for Topamax is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines stated that Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants, are recommended for neuropathic pain (pain due to nerve damage). 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 random control trials (RCTs) directed at central pain and none for painful radiculopathy. The injured worker has documented diagnosis of cervical radiculopathy and lumbar radiculopathy. According to guidelines, there were no randomized controlled trials to support this medication for radiculopathy. Furthermore, the request does not mention a frequency for the proposed medication. As such, the request for Topamax 100 mg capsule #360 is not medically necessary.