

Case Number:	CM13-0044629		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2012
Decision Date:	06/03/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice 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 patient is a 35 year old female injured on 04/01/12 due to an unspecified mechanism of injury while performing her duties as a janitor. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Current diagnoses include right knee sprain/strain, pain disorder with psychological overlay, poor coping with chronic pain, and myofascial pain. Clinical documentation indicates the patient underwent right knee surgery on 02/11/13; however, reported continued knee pain following postoperative physical therapy. The patient described the pain as different than prior to surgery. The patient reported that she finds current medication regimen helpful to include Topiramate and Diclofenac. The most recent clinical note indicated the patient rated her pain at 6/10 and reported initiation of right knee brace has provided improvement in knee pain. The patient reported a less than 50% decrease in pain with medication use. The patient is also utilizing a TENS unit in addition to Topiramate, Diclofenac, and TENS patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE 50 MG, #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs, Topiramate (Topamax®), No Generic Available), Page(s): 20.

Decision rationale: As noted on page 21 of the Chronic Pain Medical Treatment Guidelines, Topiramate 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The clinical documentation the pain is centralized to the knee without evidence of radiation, numbness, or tingling. Additionally, there is no evidence that other first-line anticonvulsants have been trialed and failed. As such, the request for Topiramate 50 MG, #160 cannot be recommended as medically necessary.