

<b>Case Number:</b>	CM13-0048745		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/05/2010
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 49 year-old with a date of injury of 09/05/10. The mechanism of injury was back strain while at work. A progress report included by [REDACTED], dated 10/09/13, identified subjective complaints of low back pain with periodic left leg pain. Objective findings included lumbar tenderness and mildly diminished sensation in the left leg. Reflexes were normal. Diagnoses include lumbosacral strain with left sciatica. Treatment has included anti-inflammatories, analgesics, and muscle relaxants. A Utilization Review determination was rendered on 10/28/13 recommending non-certification of "Topiramate".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-21.

**Decision rationale:** Topamax (topiramate) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) notes that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful

radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that Topamax specifically has shown variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is only considered specifically when other anticonvulsants fail. Due to the lack of supporting data, there is no demonstrated medical necessity for Topamax in this case.