

<b>Case Number:</b>	CM13-0049799		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California and Nevada. 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 52-year-old injured on January 27, 2000 due to an undisclosed mechanism of injury. The patient was diagnosed with failed back surgery syndrome and ongoing cervical radiculopathy. The patient underwent spinal cord stimulator placement in 2004; however, it was removed due to MRSA wound infection. Clinical documentation indicated the patient had significant psychiatric conditions requiring ongoing treatment with psychiatrist, [REDACTED]. The patient was hospitalized on multiple occasions for alcohol/medication habituation and suicide attempts. Clinical documentation indicated the patient had ongoing complaints of back pain which contributed to the severe depression and psychiatric complaints. Previous utilization review on October 16, 2013 indicated partial certification for clonazepam for weaning purposes and topamax as the neurologist was to assume care of prescribing of medication. There was no subsequent documentation to indicate that the neurologist had assumed that role.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPAMAX 100MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Section...

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Topiramate (Topamax®<sup>®</sup>, no generic available) is considered for use for neuropathic pain when other anticonvulsants fail. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. The documentation indicates the patient was to transition prescription maintenance to her neurologist; however, there is no additional documentation to indicate that the care has been assumed and ongoing prescribing of the appropriate medications is taking place. The prescription was modified for temporary transition purposes on October 16, 2013. The request for Topamax 100 mg, 180 count, is not medically necessary or appropriate.