

<b>Case Number:</b>	CM13-0051886		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/25/2010
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 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 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 35-year-old male who reported an injury on 09/25/2010. The mechanism of injury occurred when his foot was run over by a shuttle bus. The patient's initial course of treatment is unclear; however, he has continued to exhibit symptoms of chronic regional pain syndrome to the right foot. The patient currently manages his pain by use of polypharmacy as well as sympathetic nerve blocks. The most recent series of nerve blocks were performed prior to 09/30/2013, which reportedly reduced the pain significantly, decreased the pressure in the patient's right foot, and allowed him to be more physically active. As all of the clinical notes submitted for review appear to be almost identical, it is unclear how effective the current medications truly are. There was 1 submission of a pain level noted in the 09/30/2013 clinical note; the patient rated his pain as 10/10 before medications and 5/10 after medications. None of the physical examinations submitted for review were thoroughly performed; they all noted right foot and ankle edema, allodynia to touch of the right foot, reduced range of motion, and thinning of the nails. There was no other clinical information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25mg 1 Tablet QID #120 + 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 21.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend antiepilepsy drugs to treat neuropathic pain. A positive response to this drug includes a 30% to 50% reduction in painful symptoms. If this amount is not obtained, it is recommended to begin combination therapy with documentation of pain relief and improvement in function. For a diagnosis of CRPS in particular, gabapentin is the recommended medication to treat associated neuropathic symptoms. The clinical information does provide evidence that the patient is utilizing gabapentin and does mention the positive effects related to the use of that medication; however, the patient is also utilizing Topamax. Topamax has been known to have variable efficacy and is usually considered for use after other anticonvulsants have failed. The clinical information submitted for review detailed the patient benefit received from gabapentin and evidenced periodic increases in the dosage. As the gabapentin has proven effective, there was no indication for the initiation of the Topamax. However, in regard to Topamax, no effects or benefits were specifically stated as it related to the patient's neuropathic symptoms or as an adjunct to the gabapentin therapy. As the reasons for use of this medication were not identified within the clinical notes, the medical necessity has not been established. As such, the request for Topamax 25 mg 1 tablet 4 times a day #120 plus 3 is non-certified.