

Case Number:	CM13-0058495		
Date Assigned:	04/18/2014	Date of Injury:	06/17/2008
Decision Date:	05/23/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 35 year-old female who reported an injury on 06/17/2008 and the mechanism of injury was not provided in the medical records. The current diagnoses include chronic spinal pain cervical with upper extremity neuropathic dysthesias, left hand pain likely deQuervain's tenosynovitis, chronic spinal pain with lumbar radiculopathy and ankle pain. The clinical note from 11/05/2013 indicated the injured worker was in for a follow-up for her ankle pain, knee pain, cervical pain and headaches. On the neurological examination, it was indicated that the C6 dermatome had decreased light touch sensation bilaterally, and L4 and S1 dermatome demonstrated decreased light touch sensation on the left. The spinal exam revealed pain to palpation over the C2-C3, C3-C4 and C5-C6 facet capsules bilateral. Secondary myofascial pain was noted triggering and ropey fibrotic banding pain with rotational extension indicative of facet capsular tears bilaterally. There was a negative Spurling's maneuver and no pain with Valsalva. The lumbosacral exam revealed positive pelvic thrust right, positive Faber maneuver on the right, pain to palpation over the L3-L4, L4-L5 and L5-S1 pain with rotational extension indicative of facet capsular tears, secondary myofascial pain with triggering and ropey fibrotic banding and positive stork test. The straight leg raise testing was negative on the left and right side. The treatment plan included a request for topamax 25mg twice daily up the three twice daily #180. The current request dated 11/18/2013 is for topamax 25MG #180. The physician failed to include the rationale as to why he was ordering the Topamax 25mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 25MG #1180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17 and 21..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

Decision rationale: The California MTUS Guidelines for Chronic Pain indicate that topiramate (topamax[®], no generic available) 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. The clinical information provided fails to indicate the results the injured worker has had with pain relief or if there is functional improvement while taking this medication. Therefore, the request for topamax 25mg #180 is not medically necessary.