

Case Number:	CM13-0067167		
Date Assigned:	01/24/2014	Date of Injury:	09/07/2007
Decision Date:	10/01/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine, and is licensed to practice in Indiana. 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:

This employee is a 56 year old female with date of injury of 9/7/2007. A review of the medical records indicate that the patient is undergoing treatment for de Quervain's Tenosynovitis, ulnar neuritis, cervical radiculopathy, hand pain, wrist pain. Subjective complaints include continued 4/10 light aching hand pain bilaterally. Objective findings include right greater than left tenderness in the hand radiating to the thumb and head of the fingers; continued decreased strength and tenderness bilaterally in the arms and hands. Treatment has included Norco, Mobic, Topamax, Voltaren Gel, TENS unit, occupational therapy. The utilization review dated 1/3/2014 non-certified Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50MG 1/2-1 Q12-24 hrs for Nerve Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Antiepileptic Drugs Page(s): 113, 21.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic

pain, but do specify with caveats by medication. MTUS states regarding Topiramate (Topamax) "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." Medical files do not indicate the failure of other first line anticonvulsants, such as Gabapentin. As such, the request for Topiramate 50mg is not medically necessary.