

Case Number:	CM13-0069962		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2009
Decision Date:	06/04/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 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 65 year old female who reported an injury on 03/11/2009 of unknown mechanism. The injured worker had complaints of low back pain with unsteady gait per clinical note dated 10/25/2013. The medication regimen was Percocet. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE 25 MG, QUANTITY 60: Upheld

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

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

Decision rationale: The injured worker has lumbar pain and is currently taking Percocet. The California Chronic Pain Medical Treatment Guidelines indicate topiramate has been shown to have variable effectiveness with failure to establish efficacy in neuropathic pain. It is still treated for use of neuropathic pain when other anticonvulsants fail. There is no evidence in the records of other anticonvulsants being used or failing. In addition, there is no rationale for the proposed medication. Furthermore, there is a lack of documentation to suggest neuropathic pain. Therefore,

per California Chronic Pain Medical Treatment Guidelines, the request for topiramate 25 mg is not medically necessary.