

Case Number:	CM13-0071356		
Date Assigned:	09/12/2014	Date of Injury:	08/31/2010
Decision Date:	10/10/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/27/2013

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 and Rehabilitation 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 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 41-year-old male who reported an injury on 08/31/2010. The mechanism of injury was not indicated. The injured worker's diagnoses included thoracic strain/sprain, myelopathy of the thoracic, lumbar strain or sprain, discogenic pain, sacroiliitis, lumbosacral radiculopathy, chronic pain syndrome, and piriformis syndrome. The injured worker's past treatments included medications. On the clinical note dated 02/14/2014, the injured worker complained of 5/10 back pain, as well as pain in the feet and stomach. The injured worker had palpable spasms over the low lumbar paraspinals and buttocks. The injured worker's medications included Topiramate 50 mg daily for nerve pain, Pantoprazole 20 mg 1 in the morning, Norco 10/325 mg one half every 6 hours as needed for breakthrough pain, Effexor 75 mg once daily, and Prilosec 20 mg once daily. The request was for Topiramate 50 mg quantity 60. The rationale for the request was for nerve pain. The Request for Authorization was submitted for review on 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs Page(s): 22.

Decision rationale: The request for Topiramate 50 mg #60 is not medically necessary. The injured worker complained of back pain, stomach pain, and feet pain rated 5/10. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend antiepilepsy drugs for neuropathic pain. The guidelines state Topiramate has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use of neuropathic pain when other anticonvulsants fail. After initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. The medical records indicate the injured worker has been on Topiramate 50 mg since at least 12/30/2013. There is a lack of documentation of the failure of other anticonvulsants. There is a lack of documentation of efficacy of the medication, side effects, and objective functional improvements. Additionally, the request does not indicate the frequency of the medication. As such, the request for Topiramate 50 mg #60 is not medically necessary.