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| <b>Case Number:</b>   | CM13-0072518 |                              |            |
| <b>Date Assigned:</b> | 01/17/2014   | <b>Date of Injury:</b>       | 09/17/2010 |
| <b>Decision Date:</b> | 04/25/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2013 |

### 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 Texas and 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 Patient was injured on 9/17/2010 the diagnoses listed are low back pain, bilateral shoulder impingement syndrome, fibromyalgia, bilateral carpal tunnel syndrome and bilateral lateral epicondylitis. There is associated insomnia and adjustment disorder. The medications listed are tramadol 50mg tid #90, gabapentin 300mg tid # 90 for pain and baclofen 10mg bid #60 for muscle spasms. The 11/25/2013 note by [REDACTED] indicated that the requested Topamax 25mg at night was prescribed to help pain and sleep during the post-operative period. The MRI showed lumbar facet degeneration and facet arthropathy. Physical therapy was recommended by [REDACTED] on 10/23/2013. A Utilization Review was rendered on 12/4/2013 recommending non certification of Topamax 25mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPAMAX 25MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22, 113.

**Decision rationale:** The CA MTUS addressed the use of anti-epileptics in the treatment of neuropathic pain syndrome. Standard anti-epileptic medications such as gabapentin and Lyrica are recommended as first line medications for the treatment of neuropathic pain syndrome. The clinic note dated 10/24/2013 by [REDACTED] indicates that the patient is utilizing gabapentin at a low dose of 300mg twice a day. The gabapentin had not been titrated to the effective therapeutic dose of up to 1800mg per day. The patient did not therefore have a failure with first line medication. Topamax is classified as a second line medication for neuropathic pain. The 11/25/2013 clinic records specified that the indication for Topamax was to help with pain and sleep. Topamax is not FDA approved for the treatment of insomnia. The patient had not tried non medication sleep remedies or sleep hygiene measures. Optimizing the dosage of gabapentin may lead to improved pain relief as well as improved sleep. Completion of the physical therapy program may also lead to improvement of pain relief and sleep and therefore the request for Topamax 25mg is not medically necessary.