

Case Number:	CM14-0000177		
Date Assigned:	01/10/2014	Date of Injury:	03/10/2011
Decision Date:	05/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	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 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:

This 57 year-old male carpenter sustained an injury on 3/10/11 when he fell off a ladder and down a flight of stairs while employed by [REDACTED]. Request under consideration include TOPIRAMATE 50MG, 0.5-1 TAB EVERY 12-24 HOURS, #60. Initial diagnoses included left-sided rib fractures with pneumothorax, left shoulder contusion, and right eye retinal tear. Co-morbid medical conditions include hypertension, generalized anxiety disorder, insomnia, hepatitis C, brain surgery in 1991 for ventricular cyst, and morphine allergy. He is s/p cataract surgery and intraocular lens prosthesis. Medications include Opana and Norco with weaning attempted. Left shoulder MRI on 10/25/12 showed very mild infraspinatus tendinosis and minimal degenerative bone spurring without rotator cuff tear. EMG/NCS of 1/26/12 showed moderate ulnar neuropathy at cubital tunnel. MRI of cervical spine on 11/23/11 showed mild multi-level spondylosis, degenerative disc disease with moderate right foraminal encroachment at C5-6 due to disc osteophyte complex and Luschka joint disease with small disc protrusion at C3-4 and C6-7. Report of 11/12/13 from the provider noted the patient with continued pain in neck, shoulder, thoracic and low back areas with diffusely tender cervical spine. Current diagnoses include thoracic strain/sprain/radiculopathy; costovertebral osteoarthritis; cervical mechanical pain; shoulder sprain/strain/capsulitis; and chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE 50MG, 0.5-1 TAB EVERY 12-24 HOURS, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs) Page(s): 16-21.

Decision rationale: Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports. The TOPIRAMATE 50MG, 0.5-1 TAB EVERY 12-24 HOURS, #60 is not medically necessary and appropriate.