

Case Number:	CM14-0003250		
Date Assigned:	04/04/2014	Date of Injury:	12/16/2010
Decision Date:	05/08/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 Texas. 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 43-year-old male who reported an injury on 12/06/2010. The mechanism of injury was not stated. The current diagnoses include lower back pain and cervicgia. The injured worker was evaluated on 10/24/2013. The injured worker reported 9/10 pain. The injured worker reported improvement with acupuncture treatment. Physical examination revealed tenderness to palpation, hypertonicity in the lumbar spine, and negative suicidal ideation. The treatment recommendations included continuation of current medications including Topiramate 50 mg.

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 Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Topiramate has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for

neuropathic pain when other anticonvulsants have failed. As per the documentation submitted, the injured worker has utilized Topiramate 50 mg since at least 07/2013. Despite ongoing use of this medication, the injured worker continues to report 9/10 pain. There is also no documentation of a failure to respond to first line anticonvulsants. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.