

<b>Case Number:</b>	CM14-0003280		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Orthopedic Surgery 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 49 year old female with an injury reported on 02/17/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/08/2014, reported that the injured worker complained of constant throbbing, aching pain in the lumbosacral junction down the legs, involving bilateral knees, top of bilateral feet, and all toes. Per physical examination it was noted sensation was decreased to light touch in the right lower extremity; however, was intact in the left lower extremity. The injured worker's diagnoses included status-post nerve conduction study of the bilateral lower extremities and status-post operable lesion at L4-5. The request for authorization was submitted on 12/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPIRAMATE (TOPAMAX) 100MG QTY 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drug Section Page(s): 21.

**Decision rationale:** The request for Topiramate (Topamax) 100mg quantity 60 is non-certified. It was noted that the injured worker reports a one year history of left sided temporal headaches,

which can take up to three days to resolve. According to the California MTUS guidelines Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. It was noted that the injured worker had been prescribed Topamax for headaches. It was also noted that the injured worker is presently prescribed Topamax 100mg which is 'helping' with her migraines; however, it was also noted that Topamax may be causing an unwanted cognitive change. It was also noted that the injured worker complained being in a constant "brain fog" and sometimes stops midsentence because she cannot articulate herself. It was also noted that the injured worker was prescribed Cymbalta and is now seeing a psychiatrist to help with these issues. Therefore, the request for Topiramate (Topamax) 100mg # 60 is not medically necessary or appropriate.