

<b>Case Number:</b>	CM14-0100320		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/18/2007
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Internal Medicine 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 (IW) is a 57-year-old man with a date of injury of December 18, 2007. The mechanism of injury and injuries sustained were not documented in the medical record. Pursuant to a progress note dated May 21, 2014, the IW had complaints of constant head pain rated 8-9/10; constant neck pain rated 8/10 radiating to the upper extremities with numbness and tingling; constant low back pain rated 8/10 radiating to the lower extremities with numbness and tingling. The IW denies any side effects to oral medications. His pain without medications is 8-9/10. He sates therapy was beneficial (type of therapy was not documented). Objective findings revealed decreased sensation in the left C6 and C7 dermatomes. Cervical range of motion: flexion 40, extension 35. Right lateral flexion 25, left lateral flexion 20, right rotation 70, and left rotation 70. There was tenderness and spasms in the bilateral trapezius muscles. Straight leg raise bilaterally positive with tenderness in the thoracic spine and lumbar spine. Femoral stretch bilaterally positive with tenderness and spasms in the bilateral paravertebral muscles. The IW uses a cane to help ambulate; antalgic gait. The IW was diagnosed with cervical radiculopathy, low back radiculopathy, adjustment disorder, insomnia, and blurred vision. Current medications include: Naproxen sodium 550mg, Oxycodone 15mg, Topiramate 100mg, Theramine, and Trazadone. Treatment plan recommendations include: Request for neurology consult for headaches and syncope, MRI of the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**topiramate 50mg #60 with one refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Anti-Convulsants

**Decision rationale:** Anticonvulsant drugs are recommended for neuropathic pain. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology is still considered for use in neuropathic pain when other anticonvulsants have failed. Anticonvulsants are a first line drug in the treatment of neuropathic pain. After initiation of treatment they should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, the treating physician prescribed Topiramate (Topamax) 50 mg #60 with one refill. While Topiramate is indicated for neuropathic pain, a 30 day supply would be appropriate at which point the injured worker would need to be reevaluated with documentation of pain relief and improvement in function as well as documentation of side effects incurred would use prior to any refills. Consequently Topiramate 50 mg #61 refill is not medically necessary. Based on the clinical information in the medical record and the peer reviewed evidence, the Topiramate 50mg #60 with one refill is not medical necessary.