

<b>Case Number:</b>	CM14-0104213		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 patient is a 62 year old male who sustained an industrial injury on 10/10/2013, from falling off a truck. An MRI of the brain on 2/14/2014 revealed sinusitis. A CT of the head on 2/14/2014 revealed sinusitis, and otherwise negative study. According to the 5/16/2014 progress report, the patient was started on Topamax on his last visit. He reports having a rash and not having any benefit. He continues to complain of occipital, temporal and frontal headaches. He is back to taking Excedrin for his headaches. Pain is rated 6/10, and described as sharp, burning and pins and needles. He is doing home exercises. Examination documents tenderness over the mastoid process and over the C2 vertebra, and application of pressure on the mastoid process brings about his usual pain. Impression is occipital neuralgia and cervicogenic headache. He was administered occipital and supraorbital nerve blocks under ultrasound guidance. Plan of care is to discontinue Topamax and start him on Lyrica at night. He is off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #60 2 PO QHS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18..

**Decision rationale:** According to the CA MTUS guidelines, Lyrica is effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is considered a first-line treatment for these conditions. This patient does not have either of these conditions. Therefore, this request for Lyrica 100mg #60 is not medically necessary.

**Topamax 25mg #60 1 PO BID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Other Antiepileptic Drugs Page(s): 120-121.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain

**Decision rationale:** According to the guidelines, Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. AEDS are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). Topiramate (Topamax, generic available) 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. The medical records do provide any clinical objective findings to establish active neuropathic pain condition is present. In addition, there is no evidence of failure of other anticonvulsants. Furthermore, the patient reports developing a rash and having no benefit with Topamax, there is no objective evidence of functional improvement with Topamax. Therefore, this request is not medically necessary.