

Case Number:	CM14-0012868		
Date Assigned:	02/24/2014	Date of Injury:	09/23/1985
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 Physician 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 is a 57-year-old female patient, with a 9/23/1985 date of injury. The mechanism of injury was not provided. An undated progress report indicated that the patient continued to have burning sensations in the bottom of the right foot and was unable to stand for more than five minutes. She stated that her pain has increased over the past 2 years. Objective findings demonstrated, discomfort at L4-5 and L5-S1, right greater than left. Heel walking is not accomplished on the right. The physician noted in the treatment plan to add Topamax for treating migraine. She was diagnosed with lumbar spine strain, lumbar spine discopathy, and right lower extremity radiculopathy. Treatment to date: acupuncture, physical therapy, and medication management. There is documentation of a previous 1/14/14 adverse determination. The rationale for the denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 25MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: TOPAMAX.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The FDA states that Topamax is also used to prevent migraine headaches. There was documentation to support that the injured worker was prescribed Topamax for migraine treatment. Guidelines do support the use of Topamax in these settings. Therefore, the request for Topamax 25mg is medically necessary.