

Case Number:	CM14-0014831		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2001
Decision Date:	08/29/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 66 year old female who fractured her right fifth digit on 05/08/2001 while at work. Despite surgical correction for the fracture, she has continued to experience pain in her right foot. She has been treated at various times with Lidoderm patch, Valium, Lorazepam, Morphine, Buspirone, Trazodone, Docusate, Duloxetine, Topamax, Effexor, Neurontin, and Cymbalta; Lumbar and knee Steroid injections. She has been diagnosed of chemical dependence and was detoxed in 2013 due to polysubstance abuse. She has been totally disabled since 2001. Her doctor diagnosed her of sprains and strains of the ankle and foot and requested for Topamax 50mg #50 but this was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

Decision rationale: The Antiepilepsy drugs could be used for treatment of neuropathic pain like trigeminal neuralgia. However, the MTUS observes that Topamax has been shown to have

variable efficacy, although it could be considered for use for neuropathic pain when other anticonvulsants fail. The records reviewed shows previous use of Gabapentin, and Topamax, both antiepileptic medications, without benefit. Therefore, the request for Topamax 50mg #30 is not medically necessary and appropriate.