

<b>Case Number:</b>	CM14-0112121		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 injured worker is a 46 year old male who had a work related injury on 05/11/12. He was a truck driver who sustained an injury to his back when he was rear ended by another truck. He was diagnosed with cervical spine strain, lumbar disc displacement, lumbar spine disc bulge, and lumbar spine degenerative disc disease. Treatment in the past has included rest, medication management, and H-wave stimulation. His current medications included Omeprazole, Baclofen, MiraLax, Norco, Ibuprofen, Topamax, and Lyrica. Physical examination on 07/14 revealed 2+ deep tendon reflexes, decreased sensation in left lower extremity, diminished strength in the left quadriceps and hamstring, negative straight leg raise, and tenderness to palpation along the cervical and lumbar paraspinal muscles. Prior utilization review on 04/10/14 was non-certified. Current request was for Topamax 50mg #60 and Lyrica 300mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs, Topiramate (Topamax, no generic available) Page(s): 20.

**Decision rationale:** Topamax, (no 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. There has been no clinical evidence submitted, indicating that the injured worker has failed other anticonvulsants. Therefore, medical necessity has not been established.

**Lyrica 300 mg #60:** Overturned

**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 Pregabalin (Lyrica), Page(s): 99.

**Decision rationale:** As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for this medication is recommended as medically necessary at this time.