

Case Number:	CM14-0115515		
Date Assigned:	08/04/2014	Date of Injury:	12/13/2013
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology, has a subspecialty in California and is licensed to practice in Acupuncture and Pain Medicine. 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:

Claimant is a 23 year old male injured worker with date of injury 12/13/13 with related low back pain. Per progress report dated 5/9/14, he rated his pain at 7/10 in intensity, and noted left buttocks pain which sometimes radiated to the left leg. He described the pain as ants crawling. The use of Topiramate causes lightheadedness and 5-6 hours of sleep. The claimant has had a flare-up of back pain. On exam, his gait was antalgic. There was tenderness to palpation on the left para-facet and left gluteal muscles. The injured worker ambulated with a cane. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included TENS unit, home exercise program, chiropractic manipulation, and medication management. The date of UR decision was 7/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, page(s) 16, 21 Page(s): 16, 21.

Decision rationale: There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. Per California Medical Treatment Utilization Schedule (MTUS), Topiramate (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. The documentation submitted for review contain no evidence of failure of first line anticonvulsant such as Gabapentin or Pregabalin. As the California (MTUS) guidelines consider it appropriate after failure of these medications, medical necessity cannot be affirmed.