

Case Number:	CM14-0125791		
Date Assigned:	08/13/2014	Date of Injury:	08/25/2003
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 49-year-old male with a 8/25/03 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/24/14, the patient complained of headache. He rated his pain with medications as a 3 on a scale of 1 to 10 and without medications as a 10. He stated that medications are working well with no side effects reported. Objective findings: tenderness is noted at the cervical rhomboids and trapezius, slowed gait, tenderness is noted in the bilateral greater occipital nerves, light touch sensation normal all over the body. Diagnostic impression: occipital neuralgia, headache/facial pain, post-concussion syndrome. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/30/14 denied the request for Topamax. The patient appeared to be improving with the recently completed physical therapy sessions, Norco was reported to reduce pain from 10/10 to 3/10, and the patient had no seizure since July of 2013. Previous reviews recommended weaning off Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Topiramate (Topamax). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Anticonvulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. According to the reports reviewed, there is no documentation that the patient has had a trial of a first-line neuropathic agent, such as gabapentin. In addition, it is documented that Topamax has been prescribed to this patient for headache prophylaxis. Guidelines do not support the use of Topamax for headache prevention, which is an off-label use. Therefore, the request for Topamax 50 mg #60 with 1 refill was not medically necessary.