

<b>Case Number:</b>	CM14-0138453		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/15/2003
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 & Rehabilitation, 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 53 year-old patient sustained an injury on 12/15/2003 while employed by [REDACTED]. Request(s) under consideration include Topiramate Tab 50mg Day Supply: 30 QTY: 60 Refills: 00. Diagnoses include Chronic Pain Syndrome; RSD of upper limb; Pelvic and thigh joint pain; Myalgia and Myositis; and depression/ Insomnia. The patient continues to treat for chronic constant pain symptoms in the whole spine neck, thoracic and lumbar spine, head, and extremities/joints left shoulder/ arm/ hand/ elbow, left leg/ left hip/ left knee/ left ankle & foot. Pain is rated at 8-10/10. Exam has remained clinically unchanged with patient ambulating with normal posture, decreased range (unspecified degree or plane), uses single point cane, extremities without edema; no neurological motor, sensory or reflexes identifies; skiing is warm and intact without ecchymosis, erythema, rashes, lesions, petechiae or ulcerations. Medications list Butrans, Ultram, Ambien, Topamax, Protonix, and Lidoderm patch. The request(s) for Topiramate Tab 50mg Day Supply: 30 QTY: 60 Refills: 00 was non-certified on 8/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate Tab 50mg Day Supply: 30 QTY: 60 Refills: 00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** This 53 year-old patient sustained an injury on 12/15/2003 while employed by [REDACTED]. Request(s) under consideration include Topiramate Tab 50mg Day Supply: 30 QTY: 60 Refills: 00. Diagnoses include Chronic Pain Syndrome; RSD of upper limb; Pelvic and thigh joint pain; Myalgia and Myositis; and depression/ Insomnia. The patient continues to treat for chronic constant pain symptoms in the whole spine neck, thoracic and lumbar spine, head, and extremities/joints left shoulder/ arm/ hand/ elbow, left leg/ left hip/ left knee/ left ankle & foot. Pain is rated at 8-10/10. Exam has remained clinically unchanged with patient ambulating with normal posture, decreased range (unspecified degree or plane), uses single point cane, extremities without edema; no neurological motor, sensory or reflexes identifies; skin is warm and intact without ecchymosis, erythema, rashes, lesions, petechiae or ulcerations. Medications list Butrans, Ultram, Ambien, Topamax, Protonix, and Lidoderm patch. The request(s) for Topiramate Tab 50mg Day Supply: 30 QTY: 60 Refills: 00 was non-certified on 8/14/14. Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports from treatment previously rendered. There is no failed conservative first-line treatment modality, documented ADL limitations of neuropathic origin, or acute flare-up or red-flag conditions to support for its use. The Topiramate Tab 50mg Day Supply: 30 QTY: 60 Refills: 00 is not medically necessary and appropriate.