

Case Number:	CM14-0139540		
Date Assigned:	09/18/2014	Date of Injury:	11/18/1999
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/28/2014

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 61-year-old female with a date of injury of 11/18/99. The mechanism of injury was not noted. One 7/28/14 she complained of cervical facet arthropathy. The pain was 8-9/10 and she stated it was sharp, throbbing, burning, and cramping with associated numbness, weakness, and spasm. She reported the current medication regimen provides functional pain relief by 50%. Current meds include Norco, Topamax, Lisinopril, Atenolol, Levothroxine, aspirin, and calcium tablets. On exam of the cervical spine reveals diffused bilateral facet tenderness, and spasm. The diagnostic impression is cervical facet arthropathy, degenerative disc disease of lumbar spine, and myofascial pain syndrome. Treatment to date: medication management, home exercise program. A UR decision dated 8/7/14 modified the request for Topamax 50mg #60 with 2 refills to Topamax 50mg #60 with no refills. Topamax is considered for use for neuropathic pain when other anticonvulsants fail. Although the current medication is subjectively reported to allow the patient to be functional and decrease pain, there is no supporting evidence of objective functional improvement. In addition, this medication is not supported on the ODG formulary. There is no documentation of failed trials of approved drugs in this class and documentation indicating that Topamax is more beneficial to the patient than the approved meds such as gabapentin or Lyrica. Due to the risk for withdrawal syndrome from abrupt cessation of medication, Topamax 50mg #60 with no refills is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50 MG #60 with 2 Refills: Upheld

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

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

Decision rationale: This is a 61-year-old female with a date of injury of 11/18/99. The mechanism of injury was not noted. On 7/28/14 she complained of cervical facet arthropathy. The pain was 8-9/10 and she stated it was sharp, throbbing, burning, and cramping with associated numbness, weakness, and spasm. She reported the current medication regimen provides functional pain relief by 50%. Current meds include Norco, Topamax, Lisinopril, Atenolol, Levothroxine, aspirin, and calcium tablets. On exam of the cervical spine reveals diffused bilateral facet tenderness, and spasm. The diagnostic impression is cervical facet arthropathy, degenerative disc disease of lumbar spine, and myofascial pain syndrome. Treatment to date: medication management, home exercise program. A UR decision dated 8/7/14 modified the request for Topamax 50mg #60 with 2 refills to Topamax 50mg #60 with no refills. Topamax is considered for use for neuropathic pain when other anticonvulsants fail. Although the current medication is subjectively reported to allow the patient to be functional and decrease pain, there is no supporting evidence of objective functional improvement. In addition, this medication is not supported on the ODG formulary. There is no documentation of failed trials of approved drugs in this class and documentation indicating that Topamax is more beneficial to the patient than the approved meds such as gabapentin or Lyrica. Due to the risk for withdrawal syndrome from abrupt cessation of medication, Topamax 50mg #60 with no refills is certified.