

<b>Case Number:</b>	CM14-0153268		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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, has a subspecialty in Pain 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 patient with a date of injury of 1/20/12. A utilization review determination dated 8/28/14 recommends non-certification of topiramate. 6/27/14 medical report identifies neck pain 7/10 with and without medications. Neck pain radiates down to the bilateral hands. Pain doesn't interfere with sleep, concentration, mood, or work. On exam, there is spasm, tenderness, limited ROM, and right cervical facet loading. Recommendations include neurosurgery evaluation, ESI, EMG/NCS, psychological consultation, Butrans, Norco, and Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS - Effective July 18, 2009 Page(s): 16-21.

**Decision rationale:** Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment,

there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Topiramate specifically is considered for use for neuropathic pain when other anticonvulsants fail. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding failure of other anticonvulsants prior to consideration of topiramate. In the absence of such documentation, the currently requested topiramate (Topamax) is not medically necessary.