

<b>Case Number:</b>	CM14-0164598		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 72-year old female who sustained a work injury on 12-30-11. Progress note dated 7-10-14 notes the claimant has worsening of right sided pain down to the leg to the knee with weakness leading to multiple near falls. She saw [REDACTED] who felt she needed to have surgery. Office visit on 8-10-14 notes the claimant has low back pain with anterior thigh pain numbness. There is tenderness and decreased range of motion with spasms. Decrease sensation at L3-L4 right leg. Dispute for lumbar surgery dated 8-3-14 notes the claimant has had over three months of conservative treatment. Her condition is chronic. She has spinal instability at the L3-L4 segment related to her previous non-industrial lumbar laminectomy 20 years ago. From her imaging study her spinal instability is causing her symptoms of radiculopathy and the spinal instability along at the L3-L4 segment is cause for surgical treatment. Office visit on 8-14-14 notes the claimant has low back pain with anterior thigh pain numbness. There is tenderness and decreased range of motion with spasms. Decrease sensation at L3-L4 right leg. Office visit on 8-22-14 notes the claimant needs lab work in order to proceed with surgery. On 9-16-14, the claimant underwent anterior L3-L4, discectomy, partial corpectomy, anterior lumbar interbody arthrodesis L3-L4, lumbar plating and allograft. Office visit on 9-25-14 notes the claimant continues with low back pain, improved since surgery. She has mild pain on the outer left thigh without N/T/W in the lower extremity. She has been walking as tolerated. On exam, she has normal gait with walker for comfort. Well healed surgical incision without signs of infection. Dressing change. 5/5 LE strength and neuron intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti epileptics Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter anti epileptic medications

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation noting that this claimant has objective findings of radiculopathy on exam or that she has neuropathy. Exam on 9-25-14 notes the claimant has 5/5 LE strength and neuro intact. Therefore, the medical necessity of this request is not established. Therefore, this request for Topamax 100mg #120 is not medically necessary.