

<b>Case Number:</b>	CM14-0166438		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/23/2002
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Family 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:

Patient had a date of injury on 1/23/2002. Patient was lifting another patient onto a CAT table and suddenly felt pain in her left arm and neck. She felt a headache afterwards. Diagnosis include: chronic migraine headaches, associated with cervical muscle spasm and pain, left brachial plexus syndrome. Patient has been on Duloxetine 90mg daily for neuralgia and according to the progress note dated 9/17/14 it has been helping. Patient has had treatment which includes right shoulder surgery, postop physical therapy, trigger point injections, massage therapy, botox, cervical facet injections, EMG/NCV and an MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 25mg Q hs #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topomax, no generic available); and Anti-epilepsy drug.

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

**Decision rationale:** According to guidelines Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. According to the patient's

medical records the patient is currently on Duloxetine and has showed improvement of his neuralgia. Topiramate would be tried only if there is failure of improvement with Duloxetine. Adding an additional medication would not be medically necessary.