

Case Number:	CM14-0167100		
Date Assigned:	10/14/2014	Date of Injury:	07/30/2003
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 47 year-old patient sustained an injury on 7/30/2003 while employed by [REDACTED]. Request(s) under consideration include Topiramate 50 mg # 30 with three refills. Diagnoses include Anterior spinal artery compression syndrome; low back pain; neck pain; incomplete quadriplegia C5-6; chronic pain; chronic depression; sleep apnea; GERD; neurogenic bladder; erectile dysfunction; and post-traumatic brain injury. The patient was s/p C3-T2 spinal fusion bilaterally in August 2003. Conservative care has included medications, physical therapy, psychotherapy, Facet blocks, epidural steroid injections, bilateral forearm crutches, CPAP machine, and neck braces. There have been several inconsistent UDS dated 11/5/12 and 2/7/13 negative for prescribed Methadone, opioids of Hydrocodone, Nucynta, and Clonazepam. On 5/10/13, peer review recommended opiate weaning. Report of 9/9/14 from the provider noted patient with persistent neck to right upper extremity and low back to lower extremities pain with associated weakness; and headaches rated at 8/10. The patient has received psychotherapy which was reportedly helping. Exam showed neurogenic bowel and bladder; spasticity; headaches with anxiety and depression; stiff antalgic gait with use of bilateral forearm crutches for ambulation; AFO present; motor strength of 3+/5 in ankle DF and spasticity noted in bilateral lower and right upper extremities. Medications were refilled. The request(s) for Topiramate 50 mg # 30 with three refills was non-certified on 10/1/14 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 50 mg # 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-Epilepsy Drugs (AEDs)

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

Decision rationale: 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. Submitted reports have not adequately demonstrated functional improvement or symptom relief from treatment already rendered for this chronic 2003 injury. Therefore, the Topiramate 50 mg # 30 with 3 refills is not medically necessary and appropriate.