

Case Number:	CM14-0169038		
Date Assigned:	10/17/2014	Date of Injury:	07/18/2005
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

The injured worker is a 51 year old female with a date of injury on 7/18/2005. The medical records were reviewed. Details of the injury are not available but the injured worker has chronic neck pain with facet arthropathy. She has epicondylitis and ulnar neuropathy as well as carpal tunnel syndrome. The injured worker has some numbness and tingling secondary to neuropathy as also has cervicogenic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax (Topiramate) 25 mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The injured worker had "numbness and tingling" noted in multiple provider notes, indicative likely of neuropathy and/or radiculopathic manifestations of her condition. The injured worker was using Gabapentin but notes indicated persistence of numbness and tingling, and hence a drug was added, Topamax. The use of Topamax is a second line drug for treating neuropathic pain. Adding it in addition to the Gabapentin is medically acceptable and appropriate

in treating the worker's neuropathic pain. The previous review missed a note that the injured worker had persistent numbness and tingling despite use of the Gabapentin, and for which therefore addition of another drug would be acceptable. In addition, Topamax is often used to treat headache syndromes, and the worker was noted to have cervicogenic headaches. Hence the Topamax was appropriate for that purpose as well. Therefore the requested Topamax (Topiramate) 25 mg #60 with 3 refills is medically appropriate.