

<b>Case Number:</b>	CM14-0179184		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 male patient with the date of injury of July 8, 2010. A Utilization Review dated October 9, 2014 recommended non-certification of 90 tablets of Topiramate 50 mg between 10/2/2014 and 11/16/2014. A Progress Report dated July 18, 2014 identifies Subjective Complaints of headaches, frequent pain in the neck, upper and lower back, as well as frequent pain around his right elbow. Objective Findings identify range of motion of the cervical and lumbar spine were slightly-to-moderately restricted in all planes, multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, as well as the gluteal muscles. The lateral aspect of the right elbow was tender to palpation. Assessment identifies complicated vascular headaches with predominantly visual problem, chronic myofascial pain syndrome cervical and thoracolumbar spine, mild bilateral C5 radiculopathy, moderate right carpal tunnel syndrome, and right lateral epicondylitis. Treatment Plan identifies Topiramate 100 mg 1 tab po BID #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Topiramate 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications.

**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 of 127.

**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. 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 side effects from this medication. In the absence of such documentation, the currently requested topiramate (Topamax) is not medically necessary.