

Case Number:	CM14-0028404		
Date Assigned:	06/16/2014	Date of Injury:	01/12/2013
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty in Pain 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 31 year old male who sustained an injury on 01/12/13 when he was crushed by a dumpster. The injured worker sustained multiple injuries to the upper back, low back, and right knee. Prior treatment has included physical therapy. The injured worker did also describe complaints of pain behind his eyes as well as frequent severe headaches. The injured worker is noted to have had a prior right knee arthroscopy with meniscectomy performed in July of 2013. The injured worker was also being followed for low back pain radiating to the left lower extremity. The injured worker had been followed by [REDACTED] for neurological consult. The injured worker was seen on 11/15/13 with complaints of constant headaches which occurred persistently which were diffused. The injured worker also described neck and low back pain. The injured worker's physical examination noted some limited range of motion of the cervical spine with associated trigger points and muscular spasms in the cervical musculature. There was intact range of motion in the lumbar spine with noted trigger points. No Waddell's signs were identified. The injured worker's neurological assessment noted a negative Romberg's sign. All the cranial nerves were intact. The injured worker was unable to perform tandem gait well with eyes closed. The injured worker also could not perform heel toe gait with the right lower extremity. No sensory loss or motor weakness was identified. The injured worker did receive occipital nerve injections at this evaluation and electrodiagnostic studies were recommended. Follow up on 11/21/13 indicated the injured worker had some relief with his headache symptoms following occipital nerve blocks. The injured worker had noted persistent trigger points in the cervical musculature on physical examination. The injured worker was prescribed Mirtazapine 15mg 2 tablets daily and Topiramate 50mg twice daily. Follow up with [REDACTED] on 01/13/14 did note significant improvement in the injured worker's headache symptoms with the use of Topiramate. The injured worker did indicate he had continuing neck and low back pain.

Physical examination findings continued to note myofascial pain findings including trigger points in the cervical, thoracic, and lumbar spine musculature on physical examination. The injured worker was recommended to continue with Topiramate for headaches. The requested Topiramate 50mg, quantity 60 was denied by utilization review on an unspecified date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE 50 MG BID # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: Topiramate is an anticonvulsant medication which has been studied in the treatment of neuropathic pain. This medication has also been utilized on an off label basis to address headaches. Guidelines do recommend the use of anticonvulsants as an option in the treatment of chronic headaches when 1st line medications have failed to control symptoms. In this case, the injured worker is noted to have had prior medication use but had persistent headaches. The clinical documentation from [REDACTED] did clearly indicate the injured worker had a substantial improvement in the frequency and severity of his headache symptoms with the use of Topiramate. Given the efficacy documented in the clinical record regarding Topiramate for the injured worker's chronic headache symptoms, this reviewer would have recommended the request as medically necessary and appropriate.