

Case Number:	CM14-0029632		
Date Assigned:	06/11/2014	Date of Injury:	01/05/2006
Decision Date:	07/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/22/2014

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 and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 70-year-old male who reported an injury on 01/05/2006. The mechanism of injury was not provided in the documentation. Per the documentation dated 12/09/2013, the injured worker reported continued pain to the knees and lower back. The injured worker reported doing home exercises when possible as well as walking. The injured worker reported the pain medication increased his ability to exercise and walk significantly. On physical examination, the injured worker was reported to have slightly Kyphotic and stiff stature while standing, a Kyphotic gait, antalgic more on the right. The lower extremities were tender more over the right than the left, with no discoloration, swelling, or redness notes. The injured worker was reported to have fairly severe arthritis in the lumbar spine and both knees. Previous treatments for the injured worker included injections, medications, physical therapy, and a home exercise program. Diagnoses for the injured worker were reported to include low back pain, lumbar strain/sprain, knee joint pain, neck pain, ankle pain, chronic pain, knee sprain, and cervical sprain/strain. The Request for Authorization for medical treatment for the Topamax 50 mg was dated 12/23/2013. However, the provider's rationale for that medication was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 50MG (TOPIRAMATE) #90 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Topiramate (Topamax) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drug Page(s): 16-17, 21.

Decision rationale: Per California MTUS Guidelines, antiepileptic medications are recommended for neuropathic pain; however, there are few randomized control trials directed at central pain and none for painful radiculopathy. Topiramate has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology; however, it is still considered for use for neuropathic pain when other anticonvulsants have failed. The treatment is generally based on those recommended for peripheral neuropathy with gabapentin and pregabalin recommended. A recent review has indicated there was insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. There is a lack of documentation regarding the use of first line antiepileptic medications such as gabapentin and the efficacy of those medications. There is a lack of documentation regarding other conservative treatments for pain control utilized by the injured worker and the efficacy of those treatments. Therefore, the request for topamax 50mg (topiramate) #90 with 5 refills is not medically necessary and appropriate.