

Case Number:	CM14-0030389		
Date Assigned:	06/20/2014	Date of Injury:	11/10/2008
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery 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:

The records presented for review indicate that this 43-year-old female was reportedly injured on 11/10/2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 3/4/2014, indicated that there were ongoing complaints of bilateral elbow pain, as well as wrist pain which is described as aching. The physical examination demonstrated left upper extremity elbow positive joint effusion, joint tenderness and tenderness to the lateral epicondyle. Range of motion revealed decreased extension, but no parameters were listed. On the wrist was presence of a scar, otherwise a normal exam. Right upper extremity: Elbow has positive joint effusion, joint tenderness and tenderness to the lateral epicondyle. Range of motion showed decreased extension, but no parameters were noted. Left lower extremity unremarkable benign exam. Right lower extremity benign and unremarkable exam. No diagnostic imaging was available for review. Previous treatment included medications such as Soma and Norco 10mg/325mg. A request had been made for Topamax 50mg one tablet by mouth two times daily; thirty tablets with two refills for a total of 60 tablets and urine creatinine and was not certified in the pre-authorization process on 3/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg one tablet by mouth two times daily; thirty tablets with two refills for a total of 60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 21 of 127.

Decision rationale: Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" ideology. It is still considered for use for neuropathic pain when other anticonvulsants failed. Topamax has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard (Rosenstock, 2007). Topamax may be used as a second line agent after other anticonvulsants have been trialed and failed. Based on the clinical documentation provided for this 43-year-old female with bilateral elbow and wrist pain, there is no indication that other anticonvulsants have been tried and failed. As such, the request is considered to be not medically necessary at this time.