

<b>Case Number:</b>	CM14-0031415		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Emergency 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 patient with reported date of injury on 1/12/2013. Mechanism of injury described as heavy machinery falling on patient's back leading to entrapment and injuries. Patient has a diagnosis of major depression, anxiety, posttraumatic headaches, chronic myofascial pain syndrome of cervical and thoracolumbar spine, bilateral lower extremity numbness. Pt had reported R knee meniscal repair surgery on 7/13. Multiple medical records from primary treating physicians and consultants reviewed. Last report available until 1/8/14. Multiple primary treating physician progress notes are hand written and limited in documentation. Last complete note is from 11/21/13. Patient complaints of depression and pain. Pt complaining of headaches, back pains and tiredness. Patient reports low back pain with L side worst than R with some numbness to both feet. Pains are constant. Headache is constant and throbbing. Neck and lower back pain is 5/10 with medications and 10/10 without. There are reports that pt is occasionally not compliant and often stops taking all of his medications. Objective exam reveals cervical next with normal range of motion (ROM). Multiple myofascial trigger points and taut bands in cervical paraspinal, scapulae, scalene and infraspinatus muscles. Multiple similar taut and tender points noted throughout entire back extending to buttocks. No prior therapy or treatment regimens were provided. Medication list from 1/8/14 reports metformin, simvastatin, naproxen, topiramate and ibuprofen. Romberg negative. Could not perform heel-toe walking. No neurological exam was provided. No advance imaging including CT scans or MRIs were provided. EMG (1/8/14) of lower extremity and lumbosacral region was normal. Utilization review is for topiramate 50mg #60. Prior UR on 1/3/2014 recommend non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPIRAMATE 50 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs(AEDs) Page(s): 16-21.

**Decision rationale:** Topiramate is in the class of Antiepileptic Drugs (AEDs). AEDs are useful and effective in the treatment of certain neuropathic pains. As per MTUS Chronic Pain guidelines, Topiramate is a second line AED. It appears less effective against multiple neuropathic pains compared to other first line agents but may be considered if first line agents failed. There is no documentation of first line medication failure or trials of other trials of neuropathic pain treatments. There is no proper neurological exam provided to support etiology of patient's headache being related to neuropathic pain from neck/scalp versus central headache/migraines. The provided documentation does not support the use of a second line medication. Topiramate is not medically necessary.