

Case Number:	CM14-0031477		
Date Assigned:	06/20/2014	Date of Injury:	08/04/2013
Decision Date:	08/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 42-year-old female with a 8/4/13 date of injury. At the time (2/13/14) of request for authorization for 1 prescription of Topamax 25 mg #60 with four refills between 2/4/2014 and 7/10/2014, there is documentation of subjective (headaches, neck pain gone, and slight continuous pain, but intermittently, 2-3 times a week she gets sharp pain) and objective (no distress and no paraspinal musculature nodularity or tenderness) findings, current diagnoses (concussion with no loss of consciousness and headache), and treatment to date (medications (including ongoing treatment with Motrin and Vicodin)). There is no documentation of neuropathic pain when other anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Topamax 25 mg #60 with four refills between 2/4/2014 and 7/10/2014:
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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topiramate (Topamax) Page(s): 21.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. Within the medical information available for review, there is documentation of diagnoses of concussion with no loss of consciousness and headache. However, there is no documentation of neuropathic pain when other anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Topamax 25 mg #60 with four refills between 2/4/2014 and 7/10/2014 is not medically necessary.