

Case Number:	CM14-0031924		
Date Assigned:	06/20/2014	Date of Injury:	02/17/2009
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 49-year-old female who reported an injury on 02/17/2009. The mechanism of injury was not stated. The current diagnosis is lumbago. The injured worker was evaluated on 01/08/2014. The injured worker reported persistent pain and left-sided temporal headaches. Current medications include Topamax 100 mg. Physical examination revealed an antalgic gait, limited range of motion of the lumbar spine, full range of motion of the bilateral lower extremities, positive straight leg raising, decreased sensation to light touch in the entire right lower extremity, and 5/5 motor strength. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100MGM #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Topamax has been shown to have variable efficacy with a

failure to demonstrate efficacy in neuropathic pain of a central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. As per the documentation submitted, the injured worker has utilized Topamax 100 mg since 06/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.