

Case Number:	CM14-0034849		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2005
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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, 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:

This is a patient with a date of injury of 9/30/05. A utilization review determination dated 3/10/14 recommends non-certification of topiramate as there was no documentation of failure of first-line agents and efficacy of the medication from prior use. A 3/14/14 medical report identifies that the patient has low back pain and uses Topamax for neuropathic pain with reported improvement in pain and function. Neurontin was previously utilized, but discontinued secondary to drowsiness. A 4/15/14 medical report identifies low back pain 4-5/10 with medications and 6-7/10 without. The patient uses Norco for pain. He is able to do more throughout the day with less pain, including cleaning, gardening, and other activities of daily living. On exam, there is an antalgic gait. A 6/10/14 medical report identifies pain in the back radiating around to the side at the same level, no radiation down the legs, numbness and pain on left side unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate (Topamax) 25mg, #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs: Topiramate (Topamax) Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21.

Decision rationale: Regarding the request for topiramate, California MTUS cites that it is considered for use for neuropathic pain when other anticonvulsants fail. Within the documentation available for review, the previous utilization review non-certified the medication as the documentation did not identify efficacy with prior use and failure of first-line agents. In an appeal letter, the provider noted that the patient tried Neurontin, but it was discontinued due to drowsiness. Improvement in pain and function was also noted, and later notes identify that medications provide a 2-3 point reduction in VAS score and the ability to do more throughout the day with less pain, including cleaning, gardening, and other ADLs. In light of the above, the currently requested topiramate is medically necessary.