

<b>Case Number:</b>	CM14-0037085		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/02/1998
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Nevada. 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 55-year-old female who was reportedly injured on April 2, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 27, 2014, indicated that there were ongoing complaints of headaches, neck pain and drowsiness. The physical examination notes were difficult to read. The patient stated that she was willing to proceed with surgery. A request had been made for Topiramate and was not certified in the pre-authorization process on March 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 200mg #30 1 at bedtime refills 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Migraine pharmaceutical treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697012.html>.

**Decision rationale:** The injured worker is a 55-year-old female who was reportedly injured on April 2, 1998. The mechanism of injury was not listed in these records reviewed. The most

recent progress note dated January 27, 2014, indicated that there were ongoing complaints of headaches, neck pain and drowsiness. The physical examination notes were difficult to read. The patient stated that she was willing to proceed with surgery. A request had been made for Topiramate and was not certified in the pre-authorization process on March 17, 2014.