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| Case Number: | CM14-0042921 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 03/16/2006 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 04/03/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Internal 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:

The patient is a 44 year old female who was injured on 03/16/2006. The mechanism of injury is unknown. Prior medication history included Lorazepam, Klonopin, Topamax, and Tylenol. Progress report dated 04/28/2014 states the patient presented with complaints of right upper extremity issues and it was noted that her mood was okay. On exam, range of motion of the upper extremity was decreased. She was diagnosed with a history of CRPS on the right, pain in the hand joint, shoulder joint and cervical/neck. She as recommended Topamax 100 mg BID and Tylenol 500 mg BID. Her progress notes do not offer a history of her condition as it relates to the medication being requested. Prior utilization review dated 04/03/2014 states the request for Topiramate 100mg Quantity: 60 Refill: 1is denied as there is documented evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 100mg Quantity: 60 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Topamax is considered an anti-epileptic drug or anti-convulsant, which are recommended for neuropathic pain. Topiramate has been shown to have variable efficacy and is considered for use when other anti-convulsants have failed. The documents provided are mostly handwritten and illegible. The specific indication for Topiramate is not clearly identified in the documents. The documents do not discuss the benefits the patient is obtaining from use of Topiramate. It is not clear how long the patient has been utilizing Topiramate. The documents provided contained minimal subjective, objective, and historical clinical information to support the use of ongoing Topiramate. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request, however, is partially certified for Topiramate 100mg, QTY: 30, for the purposes of weaning.