

Case Number:	CM14-0047953		
Date Assigned:	07/02/2014	Date of Injury:	06/02/1997
Decision Date:	08/01/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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 Medicine and is licensed to practice in Georgia. 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 claimant is a 53-year-old male presenting with chronic pain following a work-related injury on June 2, 1997. The claimant was diagnosed with cervicalgia, shoulder pain, lower extremity dysfunction and thoracic pain. On March 16, 2014 the claimant complains of cervical pain, back stiffness, numbness and tingling in right and left arm, radicular pain in the right and left arm, weakness, stiffness and pain and headaches. The claimant is status post laminectomy at L4-5 and 10 date post-op rehabilitation. The claimant's medications include Ambien CR, Fentanyl Patch 25, Lidoderm patch 5%, Nortriptyline 25 mg, Percocet temperature 325, Testosterone Topical, and Topamax 25 mg 2 tabs as needed. The physical exam is significant for fixed cervical position 4-5 motor strength at the right shoulder abductors, point tenderness to paracervical and facet capsule on deep palpation and pain with rotation and extension, decreased in range of motion, point tenderness to paracervical hardware in general significant myofascial pain mainly in the upper thoracic area, tenderness to palpation of the occipital and lumbar paraspinous muscle triggering a headache with palpation, tenderness to palpation over the facets as well, reduced range of motion of the cervical spine, findings for rotator cuff tear right shoulder significant with provocative maneuvers, findings for facet capsular tears and severe discopathy of cervical spine and mid thoracic spine. The claimant was made for Topamax 25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25MG, 60 count for lumbar spine and shoulder disorder as an outpatient.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation 1. Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, Mcgraw Hill, 2006, 2. Physician's Desk Reference, 68th ed, 3. WWW.RXList.com, 4. ODG Workers Compensation Drug Formulary: WWW.odg-twc.com/odgtwc/formulary.htm, 5. Drugs.com 6. Epocrates Online, www.online.epocrates.com.

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

Decision rationale: The California MTUS guidelines state that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. There is lack of documented measurable gains, such as decreasing pain on a Visual Analog Scale (VAS) Scale, and increase in functionality in the medical records, to support the claimant's current medication regimen; therefore the request for Topamax 25MG is not medically necessary.