

Case Number:	CM14-0049851		
Date Assigned:	07/07/2014	Date of Injury:	11/01/2013
Decision Date:	08/01/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Illinois. 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 59-year-old who reported an injury on November 1, 2013. The injury was reported to be a slip and fall injuring his back, buttocks, and the right side of his body. On December 31, 2013, an MRI of the lumbar spine documented mild disc desiccation and a posterior annular bulge of 3 mm at L4-5, mild disc desiccation at L2-3, absent lordosis and straightening of the spine. This worker attended 12 sessions of chiropractic to the neck and lower back, with no documented results. It was noted on March 28, 2014 that he had low back pain with radiation to the lower extremities. On February 7, 2014, an electromyogram of the bilateral lower extremity muscle groups was performed and results were noted to be consistent with a right-sided L4 lumbar radiculopathy. There was no other clinical information included with the documents submitted. There was no request for authorization nor any rationale for the request included with this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate tablets 50 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-21.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines antiepilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized control trials (RCT) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. A good response to the use AEDs (anti-epileptic drugs) has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Concerning chronic nonspecific axial low back pain, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Antiepileptic drugs are also not recommended for myofascial pain. There is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain. Regarding topiramate specifically, it has been shown to have very little efficacy with failure to demonstrate efficacy in neuropathic pain with central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. There is no submitted documentation of this worker having failed trials of anti-depressants, NSAIDs (non-steroidal anti-inflammatory drugs), opioids, or any other anticonvulsants. There is no documentation of any attempts at physical therapy or home exercise program. There is no documentation that this worker has a diagnosis of epilepsy or any other seizure disorder. Therefore, this request for Topiramate tablets 50 mg, thirty count is not medically necessary or appropriate.