

Case Number:	CM14-0053102		
Date Assigned:	07/07/2014	Date of Injury:	09/15/2006
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational 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:

This is a 45-year-old female patient with a 9/15/06 date of injury. She injured herself when a light fixture fell and struck her around the cervical spine, right cervicobrachial region and right upper extremity. A progress report dated on the 3/26/14 indicated that the patient complained of right-sided neck pain with radiation up into the head and down into the shoulder. She also had intermittent swelling in the right upper extremity in the hands and numbness in the third and fourth digits. The patient also complained of right-sided headache that was accompanied with vision changes, nausea and dizziness. She used to take Topomax in the past, but stopped it along with other medications due to severe GI upset. She did not recall any specific side effect in regards to this medication. Objective findings were within normal ranges. The patient was status post right shoulder surgery in 2007. A 6/18/14 progress report noted that she was taking Topomax twice daily and felt sleepy during the day around 2pm. She continued to had right shoulder pain, numbness in the right thenar eminence and weakness in the right third and fourth fingers. MRI date on 2008 demonstrated mild multilevel degenerative disc disease with very mild spinal stenosis. She was diagnosed with neck pain, shoulder joint pain and cervicocranial syndrome. Treatment to date: medication management. There is documentation of a previous 4/9/14 adverse determination, based on the fact that there was no evidence of neuropatic pain due to nerve damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Topiramate 25 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AED) Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The patient presented with the right sided neck pain radiating to the head and right shoulder. There was noted that the patient was taking Topomax in the past and stopped taking it secondary to severe GI upset. However, there was no documentation of significant pain relief or functional improvement in regards to the Topiramate. The guidelines do not support ongoing medication management in the setting of adverse side effects. Therefore, the request for 1 prescription for Topiramate 25 mg #60 is not medically necessary.