

<b>Case Number:</b>	CM14-0058621		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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 injured worker is a 44-year-old female with a reported an injury on 2/11/210 when she fell off a ladder. The clinical note on 03/24/2014 indicated the injured worker reported continued pain in her left occipital area that radiated to the parietal and frontal area with intermittent vertigo. On physical examination; the injured worker has specific tenderness over the left occipital nerve accompanied by nystagmus or Gaze Palsy. The injured worker was able to move all four extremities against gravity. The injured worker's prior treatments included, diagnostic imaging and medication management. The injured worker's medication regimen included Trokendi, Gralise and Treximet and naproxen. The provider submitted a request for Trokendi. A Request For Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trokendi XR 400-600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, Topiramate Page(s): 16.

**Decision rationale:** The request for Trokendi XR 400-600mg is not medically necessary. California MTUS guidelines indicate that Topiramate is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Although the injured worker reported functional improvement with the use of this medication, there was lack of a quantified pain assessment with the injured worker. In addition, the request does not indicate a frequency or a quantity for the medication, therefore the request is not medically necessary.