

<b>Case Number:</b>	CM14-0062413		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/03/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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:

Patient is a 61-year-old male who has submitted a claim for degenerative joint disease of the left knee, lumbar sprain / strain, cervical sprain / strain with spondylosis, closed head injury, and history of closed-head injury with post-concussive headaches associated with an industrial injury date of 06/03/2007. Medical records from 2012 to 2014 were reviewed. Patient complained of back pain, neck pain, bilateral knee pain and swelling, graded 8/10 in severity. Patient used Topamax at night for headache prophylaxis and found it helpful in decreasing the severity and frequency of headaches. Physical examination showed crepitus on both knees with positive McMurray sign. There was valgus laxity. Patellar compression tests were painful bilaterally. Motor strength, reflexes and sensory exam were unremarkable. Treatment to date has included medications such as Elavil, Neurontin, Topamax, Coumadin, and Norco. Utilization review from 04/16/2014 denied the request for Topamax two 25mg tabs hs (bedtime) for headache prophylaxis 25mg #60 2 tabs hs because there was no discussion concerning history of headaches and beneficial effects from its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax two 25mg tabs hs (bedtime) for headache prophylaxis 25mg #60 2 tabs hs:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Topiramate for Migraine Prevention: An Update, American Headache Society 2012 (doi: 10.1111/j.1526-4610.2012.02161.x).

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. Furthermore, the American Headache Society endorses topiramate to be effective for the prevention of migraine headaches and is FDA approved for that indication as well. In this case, the patient has been on topiramate as early as September 2013 for migraine headache. Patient reported it to be helpful in decreasing the severity and frequency of headaches. The medical necessity for continuing management has been met. Therefore, the request for Topamax two 25mg tabs hs (bedtime) for headache prophylaxis 25mg #60 2 tabs hs is medically necessary.