

<b>Case Number:</b>	CM14-0071915		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/18/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 68-year-old female with a 10/18/01 date of injury. An appeal letter dated 5/23/14 stated the patient was on Topamax for neuropathic pain as she has tried gabapentin and Cymbalta without much benefit. The patient was noted to have neuropathic cervical pain with decreased sensation in the right lateral upper extremity and reports an 80% relief in pain with use of her medications. She was seen on 6/23/14 with complaints of low back pain, 7/10. She was noted to be using a walker for balance. She states the Flexeril is helpful for her pain. She reports a history of migraines. Exam findings revealed an antalgic gait, normal muscle tone without atrophy. The diagnosis is shoulder pain, sciatica, and lumbar sprain, cervical radiculopathy. MRI C spine 12/12/07: multilevel disc bulges multilevel foraminal narrowing. Treatment to date: medications, injections. The UR decision dated 5/7/14 denied this medication as it is not considered first line for neuropathic pain and there is no evidence that any first or second line therapies had been tried and failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate-Topamax 25mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that anti-epileptics can be used for neuropathic pain. ODG states that Topamax is considered for use for neuropathic pain when other anticonvulsants fail. The patient has cervical neuropathic pain and has apparently tried gabapentin, a neuropathic pain agent as well as anti-epileptic, and failed it, along with several other neuropathic agents. She prefers to defer surgery and treat her pain with medications. Her current pain regimen including Topamax gives her 80% pain relief and is working for her. In this case, use of this medication is reasonable. Therefore, the request for Topamax 25 mg #60 is medically necessary.