

Case Number:	CM14-0075032		
Date Assigned:	07/16/2014	Date of Injury:	01/11/2006
Decision Date:	09/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/21/2014

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:

According to the records made available for review, this is a 55-year-old female with a 1/11/06 date of injury. A request for authorization was made on 4/24/14 for Retro Topiramate 50 mg #90, to be taken twice a day for the vascular component of headache. At that time, there was documentation of subjective complaints of constant pain in the upper and lower back with numbness in the bilateral lower extremities; shoulder pain; and bad headaches associated with nausea and vomiting. Objective findings documented were decreased lumbar range of motion; trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles; and decreased sensation in the lateral aspect of the right thigh and in the right buttock area. Current diagnoses were listed as post-traumatic headaches and chronic myofascial pain syndrome, and treatment to date has included physical therapy and medications (Motrin, Risperidone, Citalopram, and Alprazolam). There is no documentation that other anticonvulsants have failed; and prophylaxis of migraine headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Topiramate 50 mg #90, twice a day for vascular component of headache: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topiramate in the treatment of refractory chronic daily headache. An open trial. Mosek A. Dano M J Headache Pain. 2005 Apr 6,(2): 77-80 E pub 2005 April 8 <http://www.ncbi.nlm.nih.gov/pubmed/19719543>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21. Decision based on Non-MTUS Citation online resource <http://www.drugs.com/pro/topamax.html>.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify the documentation of neuropathic pain when other anticonvulsants have failed as the criterion necessary to support the medical necessity of Topiramate. Guidelines say that Topamax is indicated for adults and adolescents, 12 years of age and older, for the prophylaxis of migraine headache. Within the medical information available for review, there is documentation of diagnoses of post-traumatic headaches and chronic myofascial pain syndrome. In addition, there is documentation of neuropathic pain and bad headaches associated with nausea and vomiting. However, there is no documentation that other anticonvulsants have failed. In addition, despite documentation of a request for Topiramate for vascular component of headache, there is no clear documentation of prophylaxis of migraine headache. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Topiramate 50mg #90, twice a day for vascular component of headache is not medically necessary.