

Case Number:	CM14-0075126		
Date Assigned:	07/16/2014	Date of Injury:	07/20/2012
Decision Date:	10/08/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 37 year old man who sustained a work related injury on December 3 2012 causing left wrist fracture. The patient was diagnosed with left wrist and distal forearm laceration, status post compression fracture of the left wrist. According to a report dated on April 2 2014, the patient reported left wrist pain. The patient was treated with Tramadol, Norco, Vicodin, Diclofenac, Tylenol and Motrin. The patient was also treated with physical therapy and splint. His physical examination showed some limitation of the range of the left hand. The provider requested authorization to use Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm> >

Decision rationale: Topamax (topiramate) Tablets and Topamax (topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic headache in this patient. Therefore the prescription of Topamax is not medically necessary.