

<b>Case Number:</b>	CM14-0080090		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Indiana. 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 patient is a 40 year old female employee with date of injury of 2/25/2008. A review of the medical records indicate that the patient is undergoing treatment for lumbar strain and knee strain. Subjective complaints include continued back and knee pain. Objective findings include tenderness of the paraspinals in the lumbar region and limited range of motion of the lower back and left knee; MRI shows left knee lateral meniscus degeneration. Treatment has included knee surgery, Naproxen, Topiramate, TENS unit patch, knee brace. The utilization review dated 5/12/2014 non-certified Topiramate and a TENS unit patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), page 113, Antiepileptic Drugs Page(s): 21.

**Decision rationale:** Topiramate (Topamax: brand name) is an anti-epileptic medication. The MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. The MTUS states that Topamax has been shown to have variable

efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. Medical records do not indicate the presence of neuropathic pain or the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Topiramate 60 mg #60 is not medically necessary.