

Case Number:	CM14-0082111		
Date Assigned:	07/21/2014	Date of Injury:	03/02/2013
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/03/2014

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 & 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:

The injured worker is a 32-year-old male who reported an injury 03/02/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 05/13/2014 indicated diagnoses of spondylolisthesis, lumbar degenerative disease, lumbosacral or thoracic neuritis and depression. The injured worker reported low back pain; however, her reported medication and TENS therapy helped with the pain. On physical examination, the injured worker's blood pressure was 120/73 and pulse was 78. The injured worker's prior treatments were not submitted for review. The provider submitted a request for Topiramate. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Topiramate 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opamax, Topiramate Page(s): 16.

Decision rationale: The request for 60 Tablets of Topiramate 25mg is not medically necessary. The California MTUS guidelines indicate that Topiramate is shown to be effective for treatment

of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted did not indicate the injured worker has findings that would support he has neuropathic in pain. Furthermore, the request does not indicate a frequency for the Topiramate. Therefore, the request is not medically necessary.