

Case Number:	CM14-0086534		
Date Assigned:	07/23/2014	Date of Injury:	04/23/2009
Decision Date:	11/06/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Practice 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:

63 yr. old female claimant sustained a work injury on 4/23/09 involving the head, neck and back. She was diagnosed with post-traumatic head syndrome, neck and lumbar sprain. A progress note on 5/1/14 indicated the claimant had continued daily headaches, right facial numbness, short-term memory deficits, decreased sleep and right jaw pain. The physician recommended using Topamax 250 mg daily, which would be increased gradually.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg to be increased gradually: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs, Topiramate Page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 20-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Injury and anticonvulsants Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: According to the MTUS guidelines, Topamax is an anti-epileptic that is adjunctive treatment for obesity. It has failed to show efficacy for neuropathic pain. According to the guidelines, anticonvulsants can be used for adult patients with severe TBI, prophylaxis with

phenytoin is effective in decreasing the risk of early post-traumatic seizures and can be administered for 1 or 2 weeks without a significant increase in drug-related side effects. In this case, there is no mention of seizure, neuropathy or obesity management. The Topamax is not supported by the guidelines and there is lack of clinical evidence to support its use for the claimant's symptoms. The Topamax is not medically necessary.