

Case Number:	CM14-0087136		
Date Assigned:	07/23/2014	Date of Injury:	01/31/2007
Decision Date:	09/11/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/10/2014

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 Texas. 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 61 year old male who sustained an industrial injury on 1/31/2007. The mechanism of injury is not provided. The accepted claim is for the knees, hands, psyche, sleep, and pain management. He has not worked for several years. He has continued treatment with medications. The patient was seen for follow-up on 5/14/2014, he complains of bilateral neck pain rated 8/10 that is intermittent, episodic, with radiation to both shoulders, with associated symptoms of bilateral upper extremity weakness, numbness/tingling, stiffness and neck spasm. Numbness/tingling in the hands due to past CTS. He continues to have GI difficulty with medications, bloating and reflux associated with medication use. He complains of bilateral wrist, hand, and knee pain. He denies any radiation of pain. Pain is rated 8/10. Associated symptoms are joint swelling in the knees, stiffness, tenderness, weakness, he denies popping or buckling. He is taking Topamax 25 mg. Listed medications are Clonazepam, Colace, Metformin, Mirtazapine, Omeprazole, Pennsaid, Sertraline, And Topamax. Physical examination documents no acute distress, oriented x 3. Intact memory, cranial nerves grossly intact, seems fatigued and depressed, anxious, flat affects, oriented, and alert, 2+ DTRs, intact sensation throughout, normal gait and posture. Diagnoses are: 1. Post concussion syndrome; 2. Gastritis; 3. Carpal tunnel syndrome; 4. Knee pain; 5 depressive disorders. Plan includes continued medications Omeprazole, Colace, Pennsaid, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 to 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Other Antiepileptic Drugs Page(s): 120-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: According to the guidelines, Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. AEDS are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). Topiramate (Topamax, generic available) 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. The medical records do provide any clinical objective findings to establish active neuropathic pain condition is present. In addition, there is no evidence of failure of other anticonvulsants. Furthermore, the patient reports minimal benefit with Topamax, there is no objective evidence of functional improvement with Topamax. The medical necessity of Topamax has not been established.