

Case Number:	CM14-0088205		
Date Assigned:	07/23/2014	Date of Injury:	03/04/2010
Decision Date:	10/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 Emergency Medicine 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 injured worker is a 43-year-old female, who reported injury on 03/04/2010; reportedly while working for a hairstylist, [REDACTED], she developed pain in the right elbow. The injured worker's prior treatment history included physical therapy sessions, acupuncture sessions, trial of platelet rich plasma injection to the right elbow, TENS unit, and a right elbow lateral epicondylar debridement. The injured worker was evaluated on 06/11/2014, and it was documented that the injured worker complained of having increased right shoulder pain secondary to using her right upper extremity more. The injured worker stated that she does not wish to keep her right upper extremity idle. Therefore, she still tried to do daily activities with her right hand, and she is right handed. However, she was having some pain at the right shoulder. The injured worker also reported persistent right upper extremity symptoms in her elbow and hand as well as upper arm. She had tenderness and pain with full extension. She continued to have ongoing pain in the right lateral aspect of the elbow, which occasionally radiated to the right ulnar aspect of the wrist. She described this pain as a sharp pain. She does report fatigue in the right side of the neck as well as into the right trapezius. She continued to utilize her pain medication, which provides only temporary benefits. She continued to have ongoing pain to the right lateral elbow, which was constant in nature. The provider noted he requested a prescription of Topamax for neuropathic pain; however, that request had been denied due to the above mentioned reasons. The injured worker stated Topamax was beneficial in terms of pain relief and functional improvement. She reported her pain level as 6/10 to 7/10 on the VAS without her medications and with her medications, which include Topamax, her pain level was down to 4/10 on the VAS. Topamax decreased the intensity and severity of her burning pain. It allowed her to sleep better at night. Additionally, she was able to have better range of motion with her upper extremity with Topamax. On physical examination, there was a well healed surgical scar over the right lateral

elbow. There was mild swelling without erythema around the surgical scar. There was pain reproduced on right elbow and right wrist extension. There was mild tenderness to palpation of the right posterior neck and right trapezius. The injured worker's gait was grossly normal and nonantalgic. Diagnoses included epicondylitis s/p right epicondylar release and chronic pain syndrome. Request for Authorization, dated 05/23/2014, was for topiramate (Topamax) 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate- Topamax 100mg., #90 X 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drugs (AEDS) Page(s): 16 & 21..

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Topamax is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been 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. Topiramate (Topamax, no 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The documents indicated the injured worker found Topamax beneficial in terms of pain relief however, long-term functional goals were not provided after medication is taken. Additionally, the request failed to include frequency and duration of the medication. Given the above, the request for Topiramate-Topamax 100mg # 90 X 3 refills is not medically necessary.