MAXIMUS Federal Services

Case Number:	CM14-0099103		
Date Assigned:	09/16/2014	Date of Injury:	10/02/2009
Decision Date:	10/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Interventional Spine 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 patient is a 43 year old male with an injury date of 10/02/09. Based on the 04/29/14 progress report provided, the patient complains of left thumb and wrist pain rated 8/10 with swelling. Physical examination reveals that left thumb re-attached with good/normal color, mild swelling, and allodynia. Patient can work full time and is functional with his activities of daily living due to his medication. List of medications include: Kadian, Oxycodone-Acetaminophen, Temazepam, Topamax and Lidoderm.Diagnosis 04/29/14:- chronic pain syndrome- pain in joint, hand- neuralgia- paresthesia upper extremityProvider is requesting Topamax 25mg, no quantity listed. The utilization review determination being challenged is dated 05/20/14. The rationale is "partial certification for one month supply."

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 mg , no quantity listed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment of Workers Compensation (TWC) Drug Formulary:

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Use of anti-epileptic drugs for chronic

Decision rationale: Patient presents with left thumb and wrist pain rated 8/10. The request is for Topamax 25 mg, no quantity listed. Physical examination reveals that left thumb re-attached with good/normal color, mild swelling, and allodynia, per treater report dated 04/29/14. ODG-TWC guidelines has the following regarding the use of anti-epileptic drugs for chronic pain: Recommended for neuropathic pain (pain due to nerve damage), but not for acute somatic pain. Topiramate (Topamax , generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology." Patient presents with neuropathic pain in his left thumb which was reattached following a traumatic injury. Per treater report dated 041/29/14, prescribed medication has enabled patient to work full time and be functional with his activities of daily living. The request is medically necessary.