

Case Number:	CM13-0070782		
Date Assigned:	01/08/2014	Date of Injury:	12/12/1999
Decision Date:	05/01/2015	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 49-year-old female, who sustained an industrial injury on 12/29/99. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, status post PLIF L4-5 and L5-S1, status PLIF L2-3 and L3-4, removal of posterior hardware L4-5 and L5-S1, bilateral greater trochanteric bursitis, cervical spondylosis, thoracic degenerative arthrosis and right shoulder tendinitis/impingement syndrome. Treatment to date has included cervical facet ablation, cervical interbody fusion, oral medications including opioids, topical medications, trigger point injections and physical therapy. Per documentation, the patient has failed Gabapentin and found Topamax helpful in the past for headaches and pain. Currently, the injured worker complains of neck and low back pain. Upon physical exam, tenderness is noted to palpation bilaterally of cervical musculature with increased muscle rigidity and decreased range of motion; examination of posterior lumbar musculature revealed tenderness to palpation bilaterally and increased muscle rigidity bilaterally with decreased range of motion. The treatment plan included starting post-op physical therapy, refilling oral medications, and a trial of Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TOPAMAX 25MG 1 TAB B.I.D. #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs-Topiramate Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)- Antidepressants for chronic pain.

Decision rationale: One Topamax 25mg 1 tab B.I.D. #60 is not medically necessary as written per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate 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 a generic form available per the Official Disability Guidelines. The documentation indicates that the patient has headaches and neuropathic pain and that Topamax has been beneficial in the past. The request as written is for the brand name Topamax, which is not medically necessary as the ODG states that there, is a generic form available. Therefore, the request as written is not medically necessary.