

Case Number:	CM14-0101174		
Date Assigned:	07/30/2014	Date of Injury:	08/16/2010
Decision Date:	02/17/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 8/16/10 date of injury. At the time (6/5/14) of the Decision for Topiramate 50mg #60, there is documentation of subjective (increased pain) and objective (blood pressure of 156/80mmHg, weight of 235 lbs, and pulse rate of 54) findings, current diagnoses (chronic pain), and treatment to date (medications (including ongoing treatment with Soma, Norco, and Valium)). There is no documentation of neuropathic pain when other anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. Within the medical information available for review, there is documentation of a diagnosis of chronic pain. However, there is no

documentation of neuropathic pain when other anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Topiramate 50mg #60 is not medically necessary.