

Case Number:	CM14-0137894		
Date Assigned:	09/05/2014	Date of Injury:	08/11/2004
Decision Date:	07/28/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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: North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury on 08/11/04. Initial complaints and diagnoses are not available. Treatments to date include medications and a L3-S1 ProDisc, lumbar microcervical discectomy. Diagnostic studies include an x-ray of the chest on 03/04/14. Current complaints include low back pain and radiation lower extremity pain, as well as neck pain. Current diagnoses include chronic pain syndrome, cervical and lumbar post laminectomy syndrome, cervical and lumbar radiculitis, cervical spondylosis, lumbago, cervical displacement of intervertebral disc, lumbar degeneration of intervertebral disc, carpal tunnel syndrome, pain in the soft tissues, and lesion of lunar nerve. In a progress note dated 08/03/14 the treating provider reports the plan of care as medications including Topamax, Norco, and Soma; aquatic therapy, lumbar epidural steroid injections, trigger point injections of the cervical paraspinal and trapezius muscles, a pain psychology evaluation, internal medicine consultation for carpal tunnel surgery clearance, MRI of the lumbar spine, and implantation of percutaneous peripheral Neurostimulator. The requested treatment includes Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Procedure Triptans.

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

Decision rationale: The California MTUS section on Topamax states: 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. (Rosenstock, 2007) Review of the medical documentation does not show failure of first line anticonvulsant medication for neuropathic pain and therefore the request is not medically necessary.