

<b>Case Number:</b>	CM14-0142483		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/31/2003
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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: New Jersey, New York  
 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 (IW) is a 56-year-old female who sustained an industrial injury on 12/31/2003. She has reported chronic pain from multiple neck surgeries, and intense pain in the back of the neck with throat discomfort and difficulty swallowing. She also has frequent migraines accompanied by nausea averaging eight to nine times per month. Diagnoses include cervical radiculopathy, common migraine, muscle spasm, failed back syndrome of the cervical spine, unspecified sleep apnea, and temporomandibular joint syndrome. Treatments to date include medications and treatment with a pain management specialist. A progress note from the treating provider dated 07/31/2014 indicates the IW is seen in a routine follow up, and has no testing or diagnostic studies. A supplemental report on pain management progress indicates the worker is in no acute distress. The inspection of the cervical spine finds it is tender with bilateral paraspinous tenderness and stiffness with palpable twitch positive trigger points noted in the muscles of the head and neck. Both right and left lateral rotation is restricted and painful. She has chronic neck pain with bilateral radiculitis and associated migrainous headaches. She has never been treated on the anti-convulsants Gabapentin or Topamax. Treatment plan includes intervention for her vocal cords by an ear, nose and throat specialist. Possible surgery for the cervical spine due to her screws being close to coming out, and prescription of Topamax for prevention of migraine headaches. On 08/11/2014 Utilization Review non-certified a request for Topamax 25mg Tablet 1-2 Tablet Twice A Day X 30 Days #60. The MTUS Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPAMAX 25MG TABLET 1-2 TABLET TWICE A DAY X 30 DAYS #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): page(s) p16-18, 21. Decision based on Non-MTUS Citation Official Disability Guidelines: Migraine pharmaceutical treatment.

**Decision rationale:** The request for Topamax is not medically necessary. According to the chart, the patient is being prescribed Topamax for radiculopathy with a secondary gain of migraine prophylaxis. According to guidelines, antiepileptics are recommended for neuropathic pain such as diabetic neuropathy and postherpetic neuralgia. There is a lack of expert consensus on the treatment of neuropathic pain due to various causes and mechanisms. Most studies focus on postherpetic neuralgia and polyneuropathy, but are few directed at central pain and none for painful radiculopathy. Topamax has been shown to have variable efficacy, and failed to demonstrate efficacy in neuropathic pain of a central etiology. It is considered for use for neuropathic pain when other anticonvulsants fail. Topamax is used when other anticonvulsants have failed. In this case, Topamax is the first documented AED used. Topamax is also being prescribed for migraine prophylaxis, which the patient suffers from because of cervical dysfunction. MTUS guidelines do not mention migraine prophylaxis. OGD guidelines recommend the use of triptans, melatonin, and perhaps botulinum toxin. Topamax does not carry the risk of weight gain which the patient desires. However, because Topamax is primarily being prescribed for radiculopathy and other AED's have not been prescribed, the request is considered medically unnecessary.