

Case Number:	CM14-0176988		
Date Assigned:	10/30/2014	Date of Injury:	11/05/2013
Decision Date:	04/22/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/26/2014

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: Texas, California

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:

This is a 34-year-old male patient who sustained an industrial injury on 11/05/2013. Diagnoses include lower back pain, lumbar facet arthropathy and lumbosacral/joint/ligament sprain/strain. He sustained the injury while lifting in repetitive motion. According to the progress notes dated 10/17/14, he had complaints of low back pain with radiation to the both legs with numbness and tingling. The physical examination revealed tenderness, spasm and decreased lumbar spine range of motion. The medications list includes fenoprofen, gabapentin, omeprazole and terocin cream. According to the progress notes dated 8/23/14, he had complaints of low back pain with radiation to the right leg with tingling and numbness. The physical examination revealed tenderness, spasm and decreased lumbar spine range of motion. The medications list includes fenoprofen, topiramate, omeprazole and menthoderm ointment. He has had lumbar MRI on 8/26/2014. He has had acupuncture, TENS and home exercise program for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg 1 by mouth two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) page 16-17, Topiramate (Topamax, no generic available), page 21.

Decision rationale: According to MTUS guidelines antiepileptic drugs are "Recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Any evidence of postherpetic neuralgia and painful polyneuropathy is not specified in the records provided. In addition, per the cited guidelines "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." Failure of first line anticonvulsants like gabapentin (not prescribed before topiramate) and pregabalin is not specified in the records provided. The medical necessity of Topiramate 50mg 1 by mouth two (2) times per day is not medically necessary.