

<b>Case Number:</b>	CM14-0188414		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Occupational Medicine 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:

This is a 61-year-old male with a 4/2/04 date of injury. According to a progress report dated 10/3/14, the patient stated that his low back pain was slightly worse and rated his pain at a 6-8/10. He stated that the radiation of pain was improved, less intense, and less frequent. His neck pain was about the same and doing well with medications and manipulative care. He rated his right knee pain as a 4/10 without locking or giving away. Objective findings: moderate paralumbar myospasms noted, moderate paracervical myospasms noted, decreased cervical spine range of motion. Diagnostic impression: unspecified disorders of bursae and tendons in shoulder region, pain in shoulder region, cervicgia, intervertebral lumbar and cervical disc disorder with myelopathy, degenerative joint disease of knee. Treatment to date: medication management, activity modification, physical therapy, surgery, chiropractic treatment, ESI. A UR decision dated 10/23/14 denied the request for Topamax. The request is not reasonable because there is no evidence of failure of first-line anti-epileptic drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPAMAX 100MG:** 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 Page(s): 16-21.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. However, in the present case, there is no documentation that this patient has had a trial or failure of a first-line agent for neuropathic pain, such as gabapentin. A specific rationale identifying why this patient requires this medication besides lack of guideline support was not provided. In addition, the quantity of medication requested was not noted. Therefore, the request for Topamax 100mg was not medically necessary.