

Case Number:	CM14-0192001		
Date Assigned:	11/25/2014	Date of Injury:	12/03/1997
Decision Date:	01/13/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55 year old female with an injury date on 12/03/1997. Based on the 12/18/2013 progress report provided by the treating physician, the diagnoses are: Lumbago, Displacement lumbar disc w/o myelopathy and Depressive disorder NEC. According to this report, the patient reported "low back pain is controlled with current medication of Celebrex and Vicodin. Pain is increased with increase in activity. Pain without meds is +10: no function. With meds 3/10: able to work full time, standing and walking throughout day, sit 20", lift <20#." Objective finding indicates patient's "has functional strength and ROM of lower extremities and equal intact sensation to light touch." Tenderness is noted at the lumbar spinous processes. There were no other significant findings noted on this report. The utilization review denied the request for Topamax 50mg, #60 on 10/17/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 09/25/2013 to 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, Antiepilepsy drugs (AEDs) Page(s): 21 and 16-17.

Decision rationale: According to the 12/18/2013 report, this patient presents with controlled low back pain. The current request is for Topamax 50mg, #60 and it is unknown exactly when the patient initially started taking this medication. The treating physician's report and the request for authorization containing the request are not included in the file. The most recent progress report is dated 12/18/13 and the utilization review letter in question is from 10/17/2014. Regarding Topiramate (Topamax), MTUS Guidelines page 21 states "Topiramate 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that 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 for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Review of the reports provided by the treating physician did not document that the patient has neuropathic pain. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. In this case, the request is not medically necessary.