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| Case Number: | CM14-0195918 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 11/06/2013 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/25/2014 |
| Priority: | Standard | Application Received: | 11/23/2014 |

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 Internal 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:

The injured worker (IW) is a 50-year-old man with a date of injury of November 6, 2013. The mechanism of injury occurred when he was holding a rope attached to a tree limb. When the rope slacked, he stumbles back, tripped and fell. His current working diagnoses are discogenic cervical condition with facet inflammation, shoulder girdle involvement and headaches; status post-concussion; right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation, and bicipital tendonitis; ulnar nerve neuritis on the right; carpal tunnel syndrome on the right; non-specific discomfort along the extensor muscles bilaterally at the forearms; element of stress, depression, anxiety, insomnia, sexual dysfunction and weight gain as a result of orthopedic injury. Pursuant to the progress noted dated October 1, 2014, the IW continued to have pain in the neck, and right shoulder with reduced range of motion. Objective physical findings include neck flexion to 20 degrees, extension to 15 degrees, right upper extremity laterally abducts to 80 degrees, right elbow extension was 180 degrees, flexion at 155 degrees, right wrist flexion and extension at 25 degrees. Gabapentin was prescribed according to a note dated May 14, 2014. Tramadol ER 150mg was prescribed in a note dated August 6, 2014. At that time, there was no documentation of the Gabapentin. It is unclear if the Gabapentin was discontinued, or if the IW had functional improvement. According to the clinical note dated September 3, 2014, the IW was started on Topamax 50mg (Topiramate) for headache and neuropathic pain. The treatment plan includes recommendation for a psychiatrist. The treating physician is requesting authorization for Topiramate 50mg. There was no quantity, or directions associated with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate Tablets, 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Antiepilepsy drugs (AEDs), Opioids, Topical Analg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topiramate

Decision rationale: Pursuant to Medline plus, Topiramate 50 mg tablet is not medically necessary. Topiramate (AED) 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. The Chronic Pain Medical Treatment Guidelines state "as a first line treatment for neuropathic pain, but following initiation of treatment there should be at least 30% pain relief and improvement in function, as well as documentation of side effects incurred the use". A trial of gabapentin is recommended for 3 to 8 weeks for titration, with continued use if there is evidence of improved pain and function. If there is inadequate control of pain, then switching to another first-line drug is recommended. In this case, the injured worker's working diagnoses are discogenic cervical condition with facet inflammation, shoulder girdle involvement and headaches; status post-concussion; right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation and bicycle tendinitis; ulnar nerve neuritis on the right; and carpal tunnel syndrome on the right. Gabapentin was prescribed in the May 14, 2014 progress note. Follow-up documentation from August 6, 2014 and September 14, 2014 does not indicate whether there was a diminution or exacerbation of symptoms. In a September 14 progress note Topamax was prescribed for headache and neuropathic pain. Additionally, there were no dosing instructions for quantity of tablets prescribed. Consequently, absent the response to gabapentin and the dosing instructions/quantity tablets prescribed, Topiramate 50 mg tablet is not medically necessary.