

<b>Case Number:</b>	CM14-0090035		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 34 year old male who was injured on 12/30/2013 while moving a package from a scale, losing balance and falling forward landing on his knees. He was diagnosed with left ankle sprain, left knee meniscus tear, low back pain, and lumbar facet arthritis. He was treated with cold packs, modified duty, home exercises, medications (including NSAIDs, opioids, anti-epileptics, and muscle relaxants), TENS unit, knee brace, and acupuncture. On 3/15/14 nerve conduction testing of the lower extremities showed normal latency, decreased amplitude, and normal velocity, suggesting lumbar radiculopathy. On 5/12/14, the worker was seen for a follow-up with his primary treating provider reporting a reduction in knee pain by about 20-30% with his medications. He reported low back pain with radiations to left leg with associated numbness and tingling. No functional assessment was documented. He reported that his collective medication regimen did not help much for pain relief and was interested in different medications. Physical examination revealed tenderness of the left knee, decreased range of motion of the left knee, negative drawer of the left knee, and tenderness to the lumbar paraspinal muscles. No nerve testing was documented as being performed. He was then recommended to increase his Topiramate dose from 25 mg twice daily to 50 mg twice daily, await orthopedic consultation regarding his knee, continue his diclofenac and Lidopro, and change his tramadol to tramadol/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. Topiramate, has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology, but is still considered for use for neuropathic pain when others fail. In the case of this worker, who had subjective and objective evidence (EMG/NCV) of lumbar radiculopathy, he was using Topiramate 25 mg twice daily but reported persistent pain with minimal help from his medications. A trial of an increase in the dose of his Topiramate was made (50 mg twice daily). Upon review of the progress note from the time of this request, there was no neurological testing to confirm, which may be acceptable considering he was already using Topiramate for radiculopathy. However, there was insufficient reporting of measurable effects on symptomatology and function from the 25 mg dose of Topiramate to use as a baseline to compare when using a double dose. Without a baseline assessment with the lower dose, there is no justification to increase it as it would be difficult to measure the benefit if there was one. Also, there was no number of pills included in the request. Therefore, the Topiramate 50 mg is not medically necessary.