

Case Number:	CM15-0002734		
Date Assigned:	01/13/2015	Date of Injury:	06/11/2001
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 is a 60 year old female who suffered a work related injury on 06/11/01. Per the physician notes from 11/11/14 she continues to have low back pain with radiation into the left lower extremity. Diagnoses include sciatica, chronic pain, and lumbar disc displacement. Treatments include Methadone, Norco, Protonix, Gabapentin and Topamax. The Claims Administrator non-certified the Topamax on 12/12/14 citing non-MTUS guidelines noting variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. This treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate - Topamax 100mg #30 for DOS 10/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 21.

Decision rationale: This 60 year old female has complained of low back pain since date of injury 6/11/01. She has been treated with physical therapy and medications. The current request is for Topiramate. Per the MTUS guideline cited above, Topiramate is considered for use in neuropathic pain when other anit-epileptic agents have failed. There is no such documentation that other agents have been tried and failed in this patient. On the basis of the MTUS guidelines and available medical documentation, Topiramate is not indicated as medically necessary in this patient.