

Case Number:	CM15-0004395		
Date Assigned:	01/15/2015	Date of Injury:	11/06/2013
Decision Date:	04/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on November 6, 2013, hitting his head on the ground, with a concussion, neck, right shoulder, right elbow, right wrist, and both arms injured. The diagnoses have included discogenic cervical condition with facet inflammation, shoulder girdle involvement, and headaches, status post-concussion, right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation, and biceps tendonitis, right ulnar nerve neuritis, right carpal tunnel syndrome, nonspecific discomfort along the extensor muscles bilaterally at the forearms, and chronic pain syndrome. Treatment to date has included physical therapy, and oral and topical medications. Currently, the injured worker complains of pain in the right shoulder, right elbow pain, numbness, tingling, and shooting pain in the arm, and numbness and tingling along the right side of the face. The Orthopedic Surgeon's report dated December 4, 2014, noted an MRI from August 2014, which showed tendinosis of common flexor and extensor muscles with partial thickness attachment side tears as well as partial thickness tearing of the medial triceps tendon at the olecranon attachment. An electromyography (EMG) study was noted to be negative. Physical examination was noted to show tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the right shoulder, rotator cuff, and biceps tendon, with tenderness along the medial greater than lateral epicondyle to stretch and not to resisted function. On December 23, 2014, Utilization Review non-certified Topamax tablets 50mg, quantity of 60, noting the Topamax was being prescribed for post-traumatic headaches, which was not supported by guidelines for headaches or first line agent for neuropathic pain, therefore, the request was not reasonable or medically

necessary. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG) were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of Topamax tablets 50mg, quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax Tablets 50mg, quantity of 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptics Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Migraine and pharmaceutical treatment | 26.

Decision rationale: According to the ACOEM guidelines, Topamax is an anti-epileptic often used for migraines. There are no specific guidelines for the use of Topamax in cases of headaches related to head trauma. Furthermore, the treatment for acute migraines include NSAID, Tylenol and Triptans or Ergotamines after the 1st two have failed. In this case, the claimant had been on Topamax for months and had persistent headaches. His symptoms were complicated by having TMJ and persistent neck pain which can complicate the clinical picture of headache. The claimant had been on opioid and topical pain patches. The claimant did not have a diagnosis of migraines. Specific contribution of Topamax to pain relief cannot be determined. Continued use of Topamax is not medically necessary.