MAXIMUS Federal Services

Case Number:	CM15-0008511		
Date Assigned:	01/26/2015	Date of Injury:	05/24/2012
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/14/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on May 24, 2012. He has reported a repetitive workplace injury of the heart, body systems, multiple body systems, low back, soft tissue neck. The diagnoses have included bilateral carpal tunnel syndrome, cervical sprain, neck pain, thoracic pain, cervical facet pain, cervical radiculopathy, low back pain, lateral epicondylitis, and lumbosacral ligament sprain. Treatment to date has included acupuncture therapy, physical therapy, home exercise program and pain medications. Currently, the injured worker complains of neck and low back pain. The injured worker continued to have neck pain radiating up to the head and causing headaches. He reports more headaches and migraines causing significant problems. The injured worker reported more right side neck pain than left-side. He continues to have localized low back pain described in nature as aching pain. The injured worker reports that he has good benefit from his pain medications. The injured worker reports numbness and tingling in the hands as well. On January 12, 2015 Utilization Review non-certified a request for Topamax 25 mg, noting that the documentation does not establish failure of other first line therapy or that the neuropathic pain is of a central etiology in the injured worker. The California Medical Treatment Utilization Schedule, Official Disability Guidelines, ACOEM, was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of Topamax tablet 25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg Qty:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (Topiramate) , TOPAMAXMedications for chronic pain Page(s): 16-22, 60.

Decision rationale: This patient presents with neck pain, lower back pain, and headaches. The treater has asked for TOPAMAX 25MG QTY: 120 on 12/23/14. The patient has not taken Topamax before per 12/23/14 report. He is currently taking Percocet, Nucynta, Flexeril, and Gabapentin with good benefit and no side effects per 12/23/14 report. Regarding Topiramate (Topamax, no generic available) MTUS recommends for neuropathic pain when other anticonvulsants fail. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, the patient does have evidence of neuropathic pain. A trial of the requested Topmax appears to be reasonable for the patient's neuropathic pain and chronic headaches. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The request IS NOT medically necessary.