

<b>Case Number:</b>	CM15-0101772		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, 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 53 year old male who sustained a work related injury October 28, 2008. Past history included right shoulder arthroscopy 2009 with revision arthroscopic debridement 2013, left knee arthroscopic surgery February, 2011, s/p right wrist surgery October, 2008 and infection with revision surgery May, 2013, right knee arthroscopic surgery July, 2010, revision, right knee arthroscopic surgery October 31, 2014, and severe tricompartmental osteoarthritis. A follow-up psychopharmacology consultation dated April 21, 2015, revealed the injured worker is taking Effexor ER, Wellbutrin, Prazosin, Naproxen, Norco and Buspar. The psychiatrist documented he increased Effexor to moderate the headaches which are now peaking at 7/10 compared to 10/10. He noted, the injured worker would be receiving ankle reconstruction surgery in the future. He complains of right knee pain and he is walking with a mid-range brace to help strengthen the knee, he also complained of right arm and left wrist pain. His panic attacks are down to once a week and he is continuing therapy and therapeutic exposure to driving on the highway. According to a sport neurology and pain management physician's notes, dated May 1, 2015, the injured worker presented for a follow-up evaluation. Physical examination documents no changes; he continues to ambulate with a cane. A checklist revealed constant low back pain, described as sharp, shooting, throbbing, and aching. Discussion with the injured worker and education regarding medications performed. Physician also documents the use of Topamax as a migraine prophylactic agent. Assessment is documented as lesion of ulnar nerve; chronic migraine; chronic pain; degenerative lumbar/lumbosacral intervertebral disc; lateral epicondylitis of elbow. At issue, is the request for authorization for Imitrex and Topamax. The patient

sustained the injury due to fall from a truck. The patient had received botox injection for this injury. The patient has had diagnoses of migraine. Patient has received an unspecified number of PT visits for this injury. The patient has had normal mental status examination on 4/21/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Topamax 25 mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thompson Micromedex Topamax- FDA labeled indications.

**Decision rationale:** Request: Topamax 25 mg #60 with 2 refills. Topiramate is an antiepileptic drug. According to MTUS guidelines antiepileptic drugs are "Topiramate (Topamax, no generic available) 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." Past history included right shoulder arthroscopy 2009 with revision arthroscopic debridement 2013, left knee arthroscopic surgery February, 2011, s/p right wrist surgery October, 2008 and infection with revision surgery May, 2013, right knee arthroscopic surgery July, 2010, revision, right knee arthroscopic surgery October 31, 2014, and severe tricompartmental osteoarthritis. The psychiatrist documented he increased Effexor to moderate the headaches which are now peaking at 7/10 compared to 10/10. His panic attacks are down to once a week and he is continuing therapy and therapeutic exposure to driving on the highway. Assessment is documented as lesion of ulnar nerve; chronic migraine; chronic pain; degenerative lumbar/lumbosacral intervertebral disc; lateral epicondylitis of elbow. The use of Topamax is FDA approved for prophylaxis of migraines and this pt has chronic migraines. Use of Topamax is medically appropriate and necessary in this patient with chronic pain with a neurological component (ulnar nerve lesion) and chronic migraines. The request for Topamax 25 mg #60 with 2 refills is medically necessary and appropriate for this patient.

**Imitrex 100 mg #9 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chapter, head Botulinum toxin for chronic migraine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 01/21/15) Triptans and Other Medical Treatment Guidelines Thompson Micromedex- FDA Labeled indications; Drug; Imitrex Migraine, acute, with or without aura.

**Decision rationale:** Imitrex 100 mg #9 2 refills. Imitrex is used to treat migraine headaches in adults, with or without aura. MTUS guideline does not specifically address this issue. Hence ODG and Thompson Micromedex used. Thompson Micromedex-FDA Labeled indications of drug; Imitrex includes migraine, acute, with or without aura. The patient is already certified for Topamax for the prevention of migraine headache. The detailed response of the Topamax was not specified in the records provided. The dose, duration and response to other medications for acute migraine (NSAIDS) are not specified in the records provided. A detailed neurological examination is not specified in the records provided. A imaging study for the headache is not specified in the records provided. The frequency of migraine attacks after the use of Topamax (and its subsequent intensity and response to first line agents like NSAIDS- after starting the Topamax), is not yet known and is not specified in the records provided. Therefore the necessity of the dose and frequency of Imitrex (100 mg, 9 tablets) along with the need for 2 refills cannot be established. The medical necessity of the request for Imitrex 100 mg #9, 2 refills, as prescribed, is not medically necessary for this patient at this time, given the medical records provided and the cited guidelines.