

Case Number:	CM15-0102130		
Date Assigned:	06/04/2015	Date of Injury:	09/27/2004
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Emergency Medicine

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 34 year old male, who sustained an industrial injury on September 27, 2004. The industrial injury occurred when the injured worker was lifting a heavy machine and started experiencing low back pain. The documentation notes that he also simultaneously developed symptoms consistent with schizophrenia. The diagnoses have included lumbar degenerative disc disease without myelopathy, lumbar disc displacement without myelopathy, lumbar spinal stenosis, cervical disc displacement, anxiety and major depressive disorder with psychotic features. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, wrist brace, psychiatric evaluations, chiropractic treatments, epidural steroid injections and physical therapy. Current documentation dated April 20, 2015 notes that the injured worker reported ongoing low back pain with radiation to the lower extremities. The injured worker had been experiencing increased weakness in the lower legs over the past several months. The injured worker also noted right wrist pain related to using a cane for ambulation. The injured worker was noted to be more mobile with the current medication regime. Examination of the lumbar spine revealed tenderness, spasms and guarding. Sensation was noted to be decreased in the right lumbar four and lumbar five dermatomes. A straight leg raise was positive on the right. A recent MRI revealed changes from a prior study in 2011. The MRI showed increased disc protrusion at lumbar four-lumbar five with moderate central canal narrowing and neural foraminal narrowing. The treating physician's plan of care included a request for the medication Topiramate/Topamax 25 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Topiramate-Topamax 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18, 21.

Decision rationale: The requested 1 prescription of Topiramate-Topamax 25mg #30, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and Topiramate is "considered for use of neuropathic pain when other anticonvulsants fail," and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has increased weakness in the lower legs over the past several months. The injured worker also noted right wrist pain related to using a cane for ambulation. The injured worker was noted to be more mobile with the current medication regime. Examination of the lumbar spine revealed tenderness, spasms and guarding. Sensation was noted to be decreased in the right lumbar four and lumbar five dermatomes. A straight leg raise was positive on the right. The treating physician has not documented failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date, nor the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, 1 prescription of Topiramate-Topamax 25mg #30 is not medically necessary.