

<b>Case Number:</b>	CM15-0103895		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/03/1995
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old female who sustained an industrial injury on 04/03/1995. Current diagnoses include chronic pain syndrome, secondary myofascial syndrome, and pain related sleep disorder. Previous treatments included medications, right carpal tunnel release, ulnar nerve transposition, trigger point injection, and Toradol injection. The most recent report dated 11/14/2014 noted that the injured worker presented with complaints that included neck and low back pain, and poor sleep. Pain level was 9 out of 10 (low back) and 10 out of 10 (neck) on a visual analog scale (VAS). Medication regimen included Ambien, Maxalt, Nexium, Neurontin, Lexapro, Lidoderm, Lyrica, Klonopin, simvastatin, Losartan, Prilosec, Celebrex, Zanaflex, Flector, Estradiol, GE testosterone, and progesterone. Physical examination was positive for trigger points in the bilateral levator and rhomboid groups and decreased grip strength. The treatment plan included prescribing Ambien, Gralise, and Topamax, trigger point injection was administered, Toradol injection was administered, and follows up in 2 weeks. Disputed treatments include Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>.

**Decision rationale:** TOPAMAX (topiramate) Tablets and TOPAMAX (topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic migraine headache in this patient. There is no documentation of improvement with previous use of Topamax. Therefore, the prescription of Topamax 25mg #30 is not medically necessary.