MAXIMUS Federal Services

Case Number:	CM15-0018346		
Date Assigned:	02/06/2015	Date of Injury:	01/12/2001
Decision Date:	04/01/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/30/2015

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 York, Tennessee
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 55 year old female, who sustained an industrial injury on 1/12/2001. She has reported left arm, shoulder to fingers, neck pain following a crush injury to left hand. The diagnoses have included left reflex sympathetic dystrophy with chronic pain syndrome, depression, and migraine headaches. Treatment to date has included heat, activity modification, spinal cord stimulator implant, physical therapy, acupuncture and cognitive behavioral therapy. Currently, the IW complains of pain in the left arm rated 10/10 without medications, 7/10 with medications. Objective findings documented on 11/3/14, included severe decreased Range of Motion (ROM) left shoulder, severe allodynia to light tough, decreased nail growth, decreased extension of left hand digits, and a left hand flexion contracture. The plan of care included continuing spinal cord stimulator for current settings, Lyrica and Topamax for neuropathic pain, and request additional acupuncture treatments. On 1/3/2015 Utilization Review non-certified Topamax tablets 200mg #60, noting the medical records failed to document frequency and duration of headaches to support medical necessity of the therapy requested. The MTUS Guidelines were cited. On 1/30/2015, the injured worker submitted an application for IMR for review of Topamax tablets 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 200 MG Twice A Day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 16, 21.

Decision rationale: Topamax is the antiepileptic medication, topiramate. Antiepileptic medications are recommended for neuropathic pain. It 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. In this case the patient is taking topamax for pain of migraine headaches. Topamax is not indicated for migraine headaches and is not an effective antiepileptic medication for neuropathic pain. It is not recommended. The request should not be authorized.