

<b>Case Number:</b>	CM15-0134540		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/15/2006
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old man sustained an industrial injury on 5/15/2006. The mechanism of injury is not detailed. Diagnoses include cervical and lumbosacral injuries, unspecified. Treatment has included oral medications. Physician notes on a PR-2 dated 5/5/2015 show a flare up of the stated injuries. Recommendations include Topamax, Nortriptyline, and Nabumetone to be discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax tab 50mg #180 (90 day supply):** 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 Antiepilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for neck and low back pain. Treatments have included epidural steroid injections. Surgery is not being considered. When seen, he was not having radicular lower extremity symptoms.

Neck and low back pain were unchanged. He was having headaches. He was working without restrictions. Physical examination findings included a normal gait. Topamax and Nortriptyline were refilled. Anti-epilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. In this case, the claimant is not having radicular symptoms, which may be due to the medications being prescribed. Tapering of Topamax could be considered. However, the dose being prescribed is within recommended guidelines and is medically necessary at this time.