MAXIMUS Federal Services

Case Number:	CM15-0137365		
Date Assigned:	09/09/2015	Date of Injury:	01/16/2013
Decision Date:	10/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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: North Carolina
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 an industrial injury on 01-16-2013. The injured worker is currently "unable to return to work due to the severity of his pain" per 06-17-2015 progress note. Medical records indicated that the injured worker is undergoing treatment for lumbar strain with facet hypertrophy, L4-L5 and L5-S1 intervertebral annular bulging, mild L4-L5 and L5-S1 facet arthrosis, right L5-S1 subarticular narrowing with mild focal impingement of the exiting right L5 nerve root, right lower extremity neuralgia pain related to lumbar sacral facet focal compression, opiate induced constipation, type 2 diabetes mellitus, and pain induced depression. Treatment and diagnostics to date has included home exercise program and medications. Current medications include Lyrica, Zorvolex, Omeprazole, Topiramate, and Fluoxetine. In a progress note dated 06-17-2015, the injured worker reported lower back pain. Objective findings included trigger points with hyperirritable foci located in palpable taut bands in the paravertebral muscles and right sided lumbar spasm. The request for authorization dated 06-17-2015 requested Topiramate 25mg #30. The Utilization Review with a decision date of 07-01-2015 denied the request for Topiramate 25mg 1-2 hours prior to bedtime #30 and approved Topiramate 25mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California MTUS section on Topamax states: 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. There is not documented failure of first line anticonvulsant therapy for chronic pain and therefore the request is not medically necessary.