

Case Number:	CM15-0138124		
Date Assigned:	07/28/2015	Date of Injury:	06/04/2013
Decision Date:	10/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 6/04/2013. The injured worker was diagnosed as having right shoulder pain, status post right shoulder labral repair, clinically consistent complex regional pain syndrome, neuropathic pain, and possibility of cervical radiculitis. Treatment to date has included diagnostics, right shoulder surgery 7-2013 and 5-2014, physical therapy, and medications. On 5/28/2015, the injured worker complains of persistent right shoulder pain with radiation to the right upper extremity, rated 6 out of 10, and associated with numbness and tingling in the right third, fourth, and fifth digits, and weakness and sweating on the right side. The injured worker reported having a swollen feeling in the right upper extremity. The injured worker dropped objects from the right hand due to weakness. Ibuprofen and Skelaxin helped but had been denied last visit. The injured worker had never tried Topamax and was requesting a trial. The physician noted that Gabapentin had caused excessive drowsiness with a drunk feeling in the past; therefore the injured worker did not want to try Gabapentin or Lyrica. Physical exam was remarkable for right shoulder abduction and forward flexion at 140 degrees and associated with increased pain, discoloration to the right upper extremity, dysesthesia to light touch in the right C7, C8 and T1 distributions and 4 out of 5 right hand grip strength. The injured worker was grossly protective of the right upper extremity. The physician recommended a trial of Topamax and continuing Ibuprofen and Skelaxin. On 6/16/15, Utilization Review non-certified a request for Topamax 25mg #30, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mcg quantity 30: Overturned

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: With regard to antiepilepsy drugs, the MTUS CPMTG states "Recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Per MTUS CPMTG, "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." The documentation submitted for review indicates that the injured worker had excessive drowsiness with gabapentin. She had also used Skelaxin in the past which did help with her pain. The injured worker desired to trial Topamax. I respectfully disagree with the UR physician's assertion that there was no documentation regarding medications that have previously been tried. The request is medically necessary.