MAXIMUS Federal Services

Case Number:	CM15-0139997		
Date Assigned:	07/29/2015	Date of Injury:	10/09/2006
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female who sustained an industrial/work injury on 10-9-06. She reported an initial complaint of headache, neck, and upper extremity pain. The injured worker was diagnosed as having neck pain, bilateral upper extremity pain, headaches, cervical anterior fusion of C4-5, bilateral carpal tunnel release. Treatment to date includes medication, surgery, and Botox injections. Currently, the injured worker complained of neck and upper extremity pain as well as migraine headaches. Per the primary physician's report (PR-2) on 6/23/15, there was tenderness to palpation in the cervical spine paraspinal muscles. Current plan of care included medication, psychotherapy, and cardiology for shortness of breath and fatigue, and follow up appointments. The requested treatments include Topamax 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg Qty: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21. Decision based on Non-MTUS Citation Appendix A ODG Workers Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 10-9-06. The medical records provided indicate the diagnosis of headache, neck, and upper extremity pain. Treatments have included medications, surgery, and Botox injections. The medical records provided for review do not indicate a medical necessity for: Topamax 50mg Qty: 360.00. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. Topamax is an anticonvusant medication with variable efficacy for the treatment of neuropathic pain of central etiology. It is not recommended for treatment of neuropathic pain unless when other anticonvulsants fail. Topamax is also used in the treatment of migraine headache. The medical records indicate the injured worker has been deriving benefit from this medication for headaches; however, there is no evidence the injured worker has been confirmed to be suffering from migraine headache, neither is there evidence the injured worker has failed treatment with first line anticonvusants. Topiramate (Topamax) belongs to the do not prescribe as first line list of the Official Disability Guidelines. The request is not medically necessary.