

Case Number:	CM15-0145431		
Date Assigned:	08/06/2015	Date of Injury:	07/20/2000
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/27/2015

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, 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 44 year old female, who sustained an industrial injury on 7-20-2000. Diagnoses include migraine, depressive disorder, arthropathy, chronic pain due to trauma, COAT, painful ankle joint, other chronic pain, plantar fasciitis, and tendinitis and tenosynovitis of the ankle region. Treatment to date has included multiple surgical interventions, modified work, physical therapy and medications. Current medications include Suboxone, Topiramate, Baclofen and Ibuprofen. Per the Primary Treating Physician's Progress Report dated 7-16-2015, the injured worker reported chronic musculoskeletal pain and chronic pain. She reported bilateral ankle and left wrist pain with radiation to left arm. She rates her pain as 7 out of 10 without medication and 3 put of 10 with medication. Musculoskeletal examination revealed severe pain with right hip, right ankle and right knee range of motion and mild pain with left knee and left ankle range of motion. The plan of care included medication management and authorization was requested for Topiramate 100mg #30 and Suboxone 8mg-2mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Topiramate 100mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 13-16.

Decision rationale: Topamax is an antiepilepsy drug that can be considered for first-line use in treatment of diabetic neuropathy and post-herpetic neuralgia. This patient has been on Topamax for approximately 1 year for chronic pain. Guidelines require at least a 30% reduction of pain and in this case, the patient has had a reduction from 7/10 to 3/10 (40% reduction). However, the Guidelines also state that the patient may experience psychological effects. This patient has been diagnosed with depression and Topamax can cause depression and/or suicidal ideation/attempts. Therefore, the request is not medically necessary or appropriate secondary to possible adverse effects.