

<b>Case Number:</b>	CM15-0165196		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/07/2005
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 46 year old female, who sustained an industrial injury on 6-7-2005. Diagnoses have included carpal tunnel syndrome status post right and left carpal tunnel release and pain in shoulder joint. Treatment to date has included surgery and medication. According to the progress report dated 8-4-2015, the injured worker complained of pain in her right thumb. The pain spread to the radial wrist. She reported that her hand grip had weakness and she was dropping things with that hand. She also complained of numbness in the right lateral thumb which would shoot into the radial wrist. Physical exam revealed tenderness to palpation at the metacarpophalangeal (MCP) joint of the right thumb as well as the radial aspect of the right wrist. There was weakness with adduction of the right thumb compared to the left. Authorization was requested for Topiramate Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate topamax 25 mg, 180 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topamax  
Page(s): 18.

**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. (Rosenstock, 2007) The provided clinical documents do not show failure of first lien anticonvulsant therapy for pain and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.