

Case Number:	CM15-0165363		
Date Assigned:	09/03/2015	Date of Injury:	11/19/1997
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female, who sustained an industrial injury on 11-19-1997. The mechanism of injury is unknown. The injured worker was diagnosed as having obesity, cervical myofascial pain syndrome, cervical discogenic pain syndrome, cervical radiculopathy, emotional factors and labile hypertension. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 1-20-2015, the injured worker complains of chronic pain in the low back rated 3 out of 10, neck pain rated 3 and leg pain rated 3 out of 10. Physical examination showed cervical spine tightness and lumbar myofascial restrictions. The treating physician is requesting Topamax 50 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Topiramate, Page 16-22.

Decision rationale: Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports from treatment previously rendered. There is no failed conservative first-line treatment modality, documented ADL limitations of neuropathic origin, or acute flare-up or red-flag conditions to support for its use. The Topamax 50mg #30 is not medically necessary and appropriate.