

Case Number:	CM15-0165984		
Date Assigned:	09/03/2015	Date of Injury:	07/16/2007
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
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: 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 48 year old female who sustained an industrial injury on 07-16-07. Initial complaints and diagnoses are not available. Treatments to date include psychotherapy, right shoulder surgery, right carpal tunnel release, and medications. Diagnostic studies include electrodiagnostic studies of the upper extremities. Current complaints include stiffness in her hands, with left hand finger locking, left shoulder, mid back, and neck pain. Current diagnoses include chronic myofascial pain with cervicogenic headaches, peripheral neuropathic pain, bilateral carpal tunnel syndrome, myofascial pain syndrome, cervical radiculopathy, and headaches. In a progress note dated 07-28-15 the treating provider reports the plan of care as continued Topamax, and follow-up for control pf psychotropic medications. The requested treatment is Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topamax Page(s): 21.

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 patient has neuropathic pain diagnoses but no documentation of failure of first line anticonvulsant therapy. Therefore, the request is not medically necessary.

Topamax 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topamax Page(s): 21.

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 patient has neuropathic pain diagnoses but no documentation of failure of first line anticonvulsant therapy. Therefore, the request is not medically necessary.