

Case Number:	CM15-0168107		
Date Assigned:	09/08/2015	Date of Injury:	10/14/2014
Decision Date:	10/07/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/26/2015

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 58 year old female, who sustained an industrial injury on October 14, 2014. The injured worker was diagnosed as having congenital spondylolisthesis and lumbar spinal stenosis without neurogenic claudication. Treatment to date has included electromyogram with nerve conduction velocity, physical therapy, magnetic resonance imaging of the lumbar spine, x-rays of the lumbar spine, and medication regimen. In a progress noted dated August 12, 2015 the treating physician reported constant, burning pain to the lumbosacral junction of the lower back along with numbness to the left leg and left foot. Examination on this date was unrevealing. The injured worker's current medication regimen included Alprazolam, Metaxalone, Ibuprofen, and Gabapentin. The treating physician noted that the use of the medication Gabapentin assists with the injured worker's radiating leg pain and improves sleep, but the treating physician discontinued use of this medication on this visit noting concern that use of Gabapentin may be interfering with the injured worker's weight loss. The injured worker's pain level was rated a 6 to 7 out of 10 with the use of her medication regimen. The treating physician requested the medication Topamax 25mg with a quantity of 30, with the treating physician noting a request for a trial of this medication on August 12, 2015. The treating physician noted on that date that if the injured worker does not improve from this medication then she is to remain off of all antiepileptic drugs. The original utilization review denied the request for Topamax 25mg with a quantity of 30 on August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg Qty 30: Overturned

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

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 had failure of first line anticonvulsant medications and has documented neuropathic pain. Therefore the request is certified and therefore is medically necessary.