

<b>Case Number:</b>	CM15-0180934		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/05/2003
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 59 year old female, who sustained an industrial injury on March 5, 2003. The injured worker was being treated for chronic pain syndrome. Medical records (January 14, 2015 to August 12, 2015) indicate ongoing migraine headaches secondary to neck pain. The medical records (January 14, 2015 to August 12, 2015) did not include documentation of the subjective pain ratings. The physical exam (January 14, 2015 to August 12, 2015) reveals tenderness along the cervical paraspinal muscles, pain along the facets, and facet loading pain. Diagnostic studies were not included in the provided medical records. Treatment has included a neck collar, neck pillow, activity modifications, and medications including pain (Norco), anti-epilepsy (Topamax since at least November 2013), migraine (Maxalt), and antidepressant (Cymbalta). Per the treating physician (August 12, 2015 report), the injured worker is retired. The requested treatments included Topamax 50 mg #60. On August 24, 2015, the original utilization review non-certified a request for Topamax 50 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax, “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.” Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. Here it is being used for severe headache with other medications. The records fail to document significant improvement in headache with this medication. As such, the request for Topamax 50mg #60 is not medically necessary.