Case Number:	CM15-0186840		
Date Assigned:	09/28/2015	**Date of Injury:**	07/30/2012
Decision Date:	11/06/2015	**UR Denial Date:**	09/15/2015
Priority:	Standard	**Application Received:**	09/22/2015

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: Montana
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old male, who sustained an industrial injury on 07-30-2012. He has reported subsequent neck pain and headaches and was diagnosed with post-concussion syndrome and cervical spondylosis. Treatment to date has included pain medication and a home exercise program which were noted to have failed to significantly relieve the pain. In a progress note dated 09-01-2015, the injured worker reported continued burning and numbing sensation in the back of the neck, daily headaches, occasional feeling of being unbalanced when walking, fluttering of eyelids and intermittent twitching in the arms and legs. The severity of pain was not rated. Objective examination findings showed tenderness to palpation of the cervical paraspinous and upper trapezius musculature left side greater than right and pain with axial loading of facet joints, left greater than right. The physician noted that at the previous visit the possibility of trying Topamax for headaches and neuropathic symptoms was discussed. The injured worker was noted to have been previously started on Venlafaxine but had experienced side effects and discontinued to medication. The physician noted that the injured worker would be given a trial of 25 mg of Topamax once daily, which may be increased to twice daily as tolerated. Work status was documented as permanent and stationary. A request for authorization of retro (DOS) 9-1-2015): Topiramate (Topamax) 25 mg #60 was submitted. As per the 09-15-2015 utilization review, the request for Topiramate (Topamax) 25 mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 9/1/15): Topiramate (Topamax) 25mg #60: Overturned

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 based on Non-MTUS Citation Mayo Clinic Website for post-concussive syndrome treatment.

Decision rationale: The MTUS states that anti-epilepsy drugs (AEDs, also referred to as anti-convulsants) are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. These medications include; Lamotrigine (Lamictal); Carbamazepine (Tegretol); Oxcarbazepine (Trileptal); Phenytoin (Dilantin); Topiramate (Topamax); Levetiracetam (Keppra); Zonisamide (Zonegran); & Tiagabine (Gabitril) Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. AEDs are associated with teratogenicity, so they must be used with caution in woman of childbearing age. Preconception counseling is recommended for anticonvulsants (due to reductions in the efficacy of birth control pills). (Clinical Pharmacology, 2008) The MTUS does not specifically address the use of these medications for post-concussive headaches. The Mayo Clinic website notes that medications commonly used for migraines or tension headaches, including some antidepressants, appear to be effective when these types of headaches are associated with post-concussion syndrome. Examples include amitriptyline, topiramate and gabapentin. Topiramate is commonly used to treat migraines, topiramate (Qudexy XR, Topamax, Trokendi XR) may be effective in reducing headaches after head injury. Common side effects of topiramate include weight loss and cognitive problems. In this case the injured worker has continued to have significant post-concussive syndrome with headaches. Amitriptyline was tried for his headaches without success. Topamax has been commonly used in this situation and a trial of Topamax is a reasonable treatment option. The request for Retro (DOS 9/1/15): Topiramate (Topamax) 25mg #60 is medically necessary.