

Case Number:	CM15-0196155		
Date Assigned:	10/12/2015	Date of Injury:	02/19/1999
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 71 year old female who sustained an industrial injury on 2-19-99. The medical records indicate that the injured worker is being treated for fibromyalgia; anxiety-panic attacks; tension-migraine headaches; neck pain; post-concussion syndrome. She currently (7-23-15) complains of intermittent migraine headaches and has kept a migraine diary; chronic pain of the neck, back, arm and legs along with body pain. She was neurologically intact per physical exam. She has had a computed tomography of the head (10-22-14) showing chronic changes of age related atrophy and small vessel ischemia; unremarkable MRI ("many years ago"); electromyography-nerve conduction study of bilateral lower extremities and left upper extremity (3-11-15) showing mild sensorimotor polyneuropathy and left ulnar neuropathy. Treatments to date include medications: Prevacid, Soma, Topamax (since at least 12-31-14), Cymbalta, Rozerem, Xanax, Imitrex, Lidocaine patch. She is allergic to Neurontin and amitriptyline and has never tried Depakote. The request for authorization dated 9-22-15 was for Topamax 50mg. On 9-29-15 Utilization Review non-certified the request for Topamax 50mg #90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs).

Decision rationale: Pursuant to the Official Disability Guidelines, Topamax 50 mg #90 with 5 refills is not medically necessary. Topiramate is an anti-epilepsy drug (AED). AED's recommended for neuropathic pain, but not for somatic pain. Topiramate has been shown to have variable efficacy in neuropathic pain of central etiology. It is considered for use when other anticonvulsants have failed. In this case, the injured worker's working diagnoses are chronic migraine without aura with intractable migraine, so stated without mention of status migrainosis; fibromyalgia; post-concussion syndrome; and anxiety. Date of injury is February 19, 1999. Request for authorization is July 23, 2015. According to a July 23, 2015 progress note, the injured worker's subjective complaints include chronic pain, headache 3-4 times per week. Current medications include Lidoderm, Soma, Topamax and Imitrex. The documentation indicates the injured worker had 17 migraine headaches during January 2015 and 12 migraine headaches February 2015. There is no documentation with a headache count or objective functional improvement in March, April, May and June 2015. The treating provider prescribes both Imitrex and Topamax for migraine prevention. The medications "help to some degree". The injured worker continues to experience 3-4 headaches per week. There is no documentation demonstrating objective functional improvement. There is no dramatic increase in headache relief associated with Topamax. There is no clinical indication for five refills. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with headache complaints 3-4 times per week (mostly unchanged from prior headaches), Topamax 50 mg #90 with 5 refills is not medically necessary.