

<b>Case Number:</b>	CM15-0196773		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 51 year old male with a date of injury on 02-03-2005. The injured worker is undergoing treatment for traumatic brain injury, and schizoaffective disorder. A physician progress note dated 08-25-2015 documents the injured worker was doing fairly well regarding his depression at this time. He is not paranoid or delusional and he denies any hallucinations. His sleep was good, his energy was good and his appetite was good with the help of his medications. His concentration was still a problem. He will continue to be seen monthly for psychotropic medication management and supportive therapy. Treatment to date has included medications, and psychotherapy. His current medications include Topamax, Invega Sustenna intramuscular injection monthly and Viibryd daily. The Request for Authorization dated 09-02-2015 includes Invega Sustenna, and Viibryd. On 09-10-2015, Utilization Review modified the request for Topamax 50mg (since at least 02-25-2014) to Topamax 50mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, topamax 50 mg 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 workers working diagnosis is schizoaffective disorder. Date of injury is February 3, 2005. Request for authorization is September 2, 2015. According to an August 25, 2015 progress note, the injured worker presents for psychiatric follow-up. As a result of the work injury, the injured worker sustained a traumatic brain injury. The injured worker has been taking Topamax 50 mg as far back as 2010. The request for authorization does not contain a dispensing quantity. Although the injured worker requires the Topamax 50 mg, a dispensing quantity is absent from the request. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and an absent dispensing quantity from the request, Topamax 50 mg is not medically necessary.