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| Case Number: | CM15-0202305 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 08/12/2014 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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: Texas, California
 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 33 year old female, who sustained an industrial injury on 8-12-14. The injured worker was diagnosed as having cervical strain, closed head injury with possible concussion and temporomandibular joint syndrome. Subjective findings (5-4-15, 6-22-15, and 8-24-15) indicated continued migraines with pressure in the neck. The injured worker reported being lightheaded and seeing black spots. She rated her pain 8-10 out of 10. Objective findings (5-4-15, 6-22-15, and 8-24-15) revealed tenderness over the temporomandibular joints bilaterally and decreased cervical range of motion. As of the PR2 dated 9-18-15, the injured worker reports continued neck pain and migraines. She rates her pain 9 out of 10 and also has difficulty sleeping at night. Objective findings include tenderness over the temporomandibular joints bilaterally and tenderness over the cervical paraspinal muscles and the right upper trapezius muscle. The patient had decreased sensation in right upper extremity, muscle spasm and limited range of motion of lumbar spine and cervical spine. Treatment to date has included physical therapy x 4 sessions, an EEG (date of service not provided), an IF unit was requested (not approved), Naproxen, Lunesta, Fexmid, Ultram, Topamax (since at least 5-4-15) and Trazodone. The patient has had history of stress and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #30 with 2 refills DOS 10/2/15: Overturned

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 Thompson Micromedex Topamax- FDA labeled indications.

Decision rationale: Request: Topamax 50mg #30 with 2 refills DOS 10/2/15 Topiramate is an antiepileptic drug. According to MTUS guidelines, antiepileptic drugs are "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." The patient had diagnoses of cervical strain, closed head injury with possible concussion and temporomandibular joint syndrome. Subjective findings (5-4-15, 6-22-15, and 8-24-15) indicated continued migraines with pressure in the neck. The injured worker reported being lightheaded and seeing black spots. She rated her pain 8-10 out of 10. Objective findings (5-4-15, 6-22-15, and 8-24-15) revealed tenderness over the temporomandibular joints bilaterally and decreased cervical range of motion. As of the PR2 dated 9-18-15, the injured worker reports continued neck pain and migraines. She rates her pain 9 out of 10 and also has difficulty sleeping at night. The patient has had history of stress and depression. The use of Topamax is FDA approved for prophylaxis of migraines headache and this patient has migraines headaches. Use of Topamax is medically appropriate and necessary in this patient with chronic pain, closed head injury, migraine headaches and depression. The request for Topamax 50mg #30 with 2 refills DOS 10/2/15 is medically necessary and appropriate for this patient.