

Case Number:	CM15-0202938		
Date Assigned:	10/19/2015	Date of Injury:	09/25/2014
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 21 year old female who sustained an industrial injury on 9-25-2014. A review of the medical records indicates that the injured worker is undergoing treatment for trapezius muscle sprain and migraine headaches. According to the progress report dated 9-1-2015, the injured worker complained of continued right trapezial muscle pain, right shoulder pain and persistent headaches. The progress report did not include a physical exam. Treatment has included chiropractic treatment, a home exercise program and medications. Topamax was prescribed on 9-1-2015. The injured worker was to wean off Gabapentin prior to Topamax. The request for authorization was dated 9-1-2015. The original Utilization Review (UR) (9-21-2015) denied a request for Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg, #30: 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 rationale: Topamax (topiramate) is a medication in the anticonvulsant class. The MTUS Guidelines recommend its use for neuropathic pain when other anticonvulsant medications have failed. The literature demonstrates variable efficacy with central neuropathic pain. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder and upper back and ongoing headaches. The pain assessments documented recent to the request were minimal and did not contain the majority of the elements suggested by the Guidelines and included no or a minimal record of physical examination. There was no mention of seizures or findings consistent with neuropathic pain, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Topamax (topiramate) 50mg is not medically necessary.