

<b>Case Number:</b>	CM15-0205320		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, New York, California  
 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 applicant is a represented 29-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 10, 2010. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for topiramate (Topamax). The claims administrator referenced a September 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 14, 2015 office visit, the applicant reported multifocal complaints of neck, shoulder, and lower back pain with ancillary complaints of headaches. The applicant was reportedly working regular duty; it was stated in one section of the note. The applicant's medication list included Flexeril, naproxen, Prilosec, and Norco. The attending provider stated that he was intent on introducing Topamax for ongoing issues with headaches. The attending provider seemingly suggested, thus, that topiramate was intended for headache prophylaxis purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 50mg BID #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Food and Drug Administration, TOPAMAX(R) (topiramate) Migraine, TOPAMAX(R) (topiramate) Tablets and TOPAMAX (R) (topiramate capsules) Sprinkle Capsules are indicated for adults for the prophylaxis of migraine headache.

**Decision rationale:** Yes, the request for topiramate, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate, an anticonvulsant adjuvant medication, can be employed for neuropathic pain when other anticonvulsants fail, here, however, the attending provider stated on September 14, 2015 that topiramate was being introduced for the first time on that date to combat long-standing issues with headaches. The Food and Drug Administration (FDA) notes that Topamax is indicated in the prophylaxis of migraine headaches, as were seemingly present here on or around December 14, 2015 office visit at issue. The MTUS Guideline in ACOEM Chapter 3, page 47 does acknowledge that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, thus, the attending provider's September 14, 2015 progress note was relatively clear in its position that topiramate had been introduced for migraine headache prophylaxis purposes. Therefore, the first-time request for topiramate (Topamax) was medically necessary.