

<b>Case Number:</b>	CM15-0031334		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/07/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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 injured worker was a 55 year old male police officer, who sustained an industrial injury, November 7, 2010. The injury was sustained from cumulative work related stress. According to progress note of January 6, 2015, the injured workers chief complaint was nightmares, flashbacks and panic attacks. The injured worker was diagnosed with depression, chronic fatigue and tiredness symptoms, chronic posttraumatic stress disorder, recurrent anxiety, panic attacks, flashbacks and nightmares. The injured worker previously received the following treatments psychiatric services, laboratory studies. Treatment has included psychotherapy and medications (to include synthroid, Bystolic, Viagra, paroxetine, Seroquel XR, clonazepam, and topiramate). On January 6, 2015, the primary treating physician requested authorization for prescriptions for Paroxetine 30mg #30 and Topiramate 25mg #30. On January 22, 2015, the Utilization Review denied authorization for prescriptions for Paroxetine30mg #30 and Topiramate 25mg #30. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 25mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Wiseman CN, Goren JL. Can Topiramate reduce nightmares in posttraumatic stress disorder Current Psychiatry. Vol. 12, No. 03 / March 2013.

**Decision rationale:** Topiramate (Topamax) is an anticonvulsant (anti-epilepsy) drug used to treat epilepsy in children and adults, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of postherpetic neuralgia and diabetic polyneuropathy. Small open-label studies and some case reports indicate a potential role for topiramate in treating PTSD for specific populations such as recurrent nightmares however this is considered an off-label use and is not supported by statistically significant evidence from double-blind, placebo-controlled trials. The patient is not diagnosed with any of the conditions noted above for which this medication has proven, evidence-based effectiveness. At this point in the treatment of this patient medical necessity for use of this medication has not been established.