

Case Number:	CM15-0040657		
Date Assigned:	04/10/2015	Date of Injury:	06/01/1994
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: Emergency 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 53 year old female, who sustained an industrial injury on June 1, 1994. The mechanism of injury is unknown. The injured worker was diagnosed as having fibromyalgia, narcotic dependency, major depressive disorder, bilateral shoulder internal derangement, lumbar spondylosis, status post right tibial plateau fracture with open reduction internal fixation and posttraumatic arthrosis, cervical spondylosis, chronic migraine syndrome and status post lumbar laminectomy. Treatment to date has included diagnostic studies, surgery, injections, percutaneous peripheral neurostimulation and medications. On September 25, 2014, the injured worker complained of increasing sciatic symptoms with associated right leg difficulty with gait. She noted increasing neck and left upper extremity radiating pain. She reported her pain control is becoming more problematic and difficult. The treatment plan included diagnostic studies and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate tab 35mg, 30 day supply, qty: 60,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18, 21.

Decision rationale: The requested Topiramate tab 35mg, 30 day supply, qty: 60, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and Topiramate is "considered for use of neuropathic pain when other anticonvulsants fail," and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has increasing sciatic symptoms with associated right leg difficulty with gait. She noted increasing neck and left upper extremity radiating pain. The treating physician has not documented failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date, nor the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Topiramate tab 35mg, 30 day supply, qty: 60 is not medically necessary.