

<b>Case Number:</b>	CM15-0048470		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/03/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 3, 2003. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for Topamax. An RFA form dated February 11, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated March 9, 2015, the applicant reported average pain scores of 7/10. The applicant had been seen in the emergency department on February 16, 2015 owing to uncontrollable pain. The applicant has also been recently given prednisone for intractable pain. The applicant's medications include OxyContin, oxycodone, Neurontin, and Topamax. The applicant was given a primary diagnosis of failed back syndrome status post earlier failed lumbar fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Topiramate (Topamax, no generic available) Page(s): 21.

**Decision rationale:** No, the request for Topamax, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is recommended for the treatment of neuropathic pain in applicants in whom other anticonvulsants have failed, in this case, however, the applicant was described on an office visit of March 9, 2015 as concurrently using a first-line oral anticonvulsant adjuvant medication, Neurontin (gabapentin), effectively obviating the need for Topamax. Therefore, the request was not medically necessary.