

Case Number:	CM15-0050169		
Date Assigned:	03/23/2015	Date of Injury:	06/30/1997
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on June 30, 1997. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic low back pain, lumbar laminectomy and fusion with removal of hardware, lumbar radiculopathy, chronic intermittent neck pain, cervicogenic post-traumatic migraines and tension headaches, depression and anxiety. Treatment to date has included diagnostic studies, psychotherapy and medication. On September 16, 2014, the injured worker complained of constant burning low back pain with radiation down the left buttocks, lateral left leg and to the bottom and top of the left foot. She feels a burning pain in her heels and occasionally gets radicular pain down her right leg. She complained of new numbness to the toes and bottom of her right foot. The injured worker also reported headaches associated with neck pain. She rated the pain as an 8 on a 1-10 pain scale. The treatment plan included medications, epidural steroid injection, follow-up for management of psychiatric medication and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #90 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>.

Decision rationale: Topamax (topiramate) Tablets and Topamax (topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic headache in this patient. There is no documentation that the patient has functional improvement of previous use of Topamax. Therefore, the prescription of Topiramate 25mg #90 with 11 refills is not medically necessary.