

Case Number:	CM15-0054086		
Date Assigned:	03/27/2015	Date of Injury:	09/16/2010
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old male, who sustained an industrial injury on 09/16/2010. He reported slipping and falling while holding a ladder with injury to his back, right shoulder, and the ladder struck the right temple. Diagnoses include herniation of lumbar spine with stenosis, facet arthropathy, lumbar radiculopathy and ongoing psychological issues. Treatments to date include medication therapy, activity modification, epidural steroid injection, acupuncture, and chiropractic therapy as well as psychotherapy. Currently, he complained of low back pain rated 5/10 VAS with medication and 8-9/10 VAS without medication with radiation to bilateral lower extremities. There was report of one to two headaches a month. On 3/4/15, the physical examination documented decreased lumbar range of motion and decreased sensation over L5-S1 dermatomes. The plan of care included a selective nerve root block at S1 and continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topomax 50mg #30: Overturned

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

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

Decision rationale: The patient presents with low back pain with occasional radiation of pain, numbness and tingling down both legs down to the feet, right side greater than left and persistent headaches. The current request is for Topamax 50 mg #30. The treating physician states on 2/3/15 (B13) that the patient is currently taking Topamax as needed for headaches and that the medications help decrease the patients pain by about 50% and increase his activity level. He prescribes Topamax "to be taken as needed for neuropathic pain." MTUS Guidelines state the following regarding Topiramate (Topamax, no generic available): "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." In this case, there is no discussion regarding the failure of other anticonvulsants, but the patient has been stable on Topamax with decreased pain and improved function. Therefore the current request is medically necessary and the recommendation is for authorization.