

Case Number:	CM15-0054887		
Date Assigned:	03/30/2015	Date of Injury:	03/08/2004
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
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 45-year-old male, with a reported date of injury of 03/08/2004. The diagnoses include status post right lower extremity cellulitis infection, status post right ankle fracture, status post right ankle lateral ligamentous sprain, and status post right lower leg contusion. Treatments to date have included a support hose, oral medications, and x-rays of the right lower leg, ankle, and foot. The progress report dated 02/17/2015 is handwritten. The report indicates that the injured worker complained of an issue with his right lower extremity. The objective findings include no open wounds, but swelling and redness. The injured worker rated his pain 2 out of 10 with medications, and 6-8 out of 10 without medications. The treating physician requested Topamax 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topomax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Topiramate (Topamax, no generic available) Page(s): 16, 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 swelling and redness of the right lower extremity. The current request is for Topomax 50mg #60. The treating physician requests authorization on 2/17/15 (31B), for "Topamax 50mg 1 po BID #60." MTUS Guidelines state the following regarding the use of anti-epileptic drugs for chronic pain: Recommended for neuropathic pain (pain due to nerve damage), but not for acute somatic pain. "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 documentation regarding the failure of first line anticonvulsants. Therefore, the current request is not medically necessary and the recommendation is for denial.