

Case Number:	CM15-0055063		
Date Assigned:	03/30/2015	Date of Injury:	01/10/2012
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
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: Texas, California
Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 1/10/12. He has reported a low back injury. The diagnoses have included discogenic thoracic condition with facet inflammation and discogenic lumbar condition with facet inflammation. Treatment to date has included medications, chiropractic, Transcutaneous Electrical Nerve Stimulation (TENS), back brace and conservative measures. The Magnetic Resonance Imaging (MRI) was done on 4/27/12 that revealed degenerative changes and disc protrusion and foraminal narrowing. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 5/2/12. The patient has had X-ray of the low back that revealed degenerative changes. The current medications included Effexor, Norco, Mirtazapine, Tramadol, Topamax, Nalfon, Gabapentin, Vicodin, Naproxen and Protonix. Currently, as per the physician progress note dated 2/23/15, the injured worker complains of back pain that is unchanged with spasms, stiffness and tightness. The physical exam of the lumbar spine revealed tenderness across the lumbar spine and pain with facet loading. The injured worker is not currently working. The physician requested medications. The physician requested treatment includes 1 Prescription of Topamax 50mg #60 for neuropathic pain. The patient had used a TENS unit and brace for this injury. Patient has received an unspecified number of PT and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 21Topiramate.

Decision rationale: Request: 1 Prescription of Topamax 50mg #60. Topiramate is an antiepileptic drug. According to MTUS guidelines antiepileptic drugs are "Topiramate (Topamax #130; 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." Any evidence of neuropathic pain was not specified in the records provided. Also pt is already taking gabapentin which is also an anticonvulsant for chronic pain. The detailed response of the gabapentin for this injury was not specified in the records provided. The medical necessity of the request for Topamax 50mg #60 is not fully established for this patient and therefore is not medically necessary.