

Case Number:	CM15-0056002		
Date Assigned:	04/01/2015	Date of Injury:	04/09/2005
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/24/2015

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

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 51 year old female who sustained a work related injury April 9, 2005. Past history included s/p posterior fossa craniectomy with C1 laminectomy for excision May 2007, Brown-Sequard spinal cord injury. According to a supplemental pain physician's report, dated February 16, 2015, the injured worker presented with increasing central neuropathic pain and a sensation of electricity throughout her body. She continues with disequilibrium and frequent falls, but does not use a cane or walker due to weakness in the upper extremities and increased pain. Diagnostic impressions included atypical facial pain, left trigeminal sensory neuropathy; cervicomedullary cavernous angioma; major depressive disorder; pain disorder; TMJ (temporomandibular joint dysfunction)/bruxism; sleep disorder; right thoracalgia after fall injury from unstable gait; and cervical spondylosis with cord flattening. Treatment plan included requests for authorization for medications, TMJ evaluation and treatment, and pending authorization for diagnostic sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topiramate (Topamax)antiepileptic drugs for chronic painmedications for chronic pain Page(s): 21, 16-17, 60.

Decision rationale: The patient was injured on 04/09/2005 and presents with increasing central neuropathic pain with sensation of "electricity throughout her body". The request is for Topamax 100 mg #300 for "atypical facial pain and headache prophylaxis". The RFA is dated 02/19/2015, and the patient remains on temporary total disability. The patient has been taking Topamax as early as 09/15/2014. Regarding topiramate (Topamax), MTUS Guidelines, page 21, states, "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy and neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed". MTUS Guidelines, pages 16 and 17, regarding antiepileptic drugs for chronic pain, also states that, "There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy". The patient has been diagnosed with atypical facial pain/left trigeminal sensory neuropathy, cervicomedullary cavernous angioma, major depressive disorder, pain disorder, TMJ, sleep disorder, right thoracalgia after a fall injury from unstable gait, and cervical spondylosis with cord flattening. The patient is depressed, unstable with positive Romberg, has left upper and lower extremity moderate weakness with loss of temperature sense on the right side of her body, and severe loss of vibratory sense in the right leg. MTUS Guidelines, page 60, requires documentation of medication efficacy in terms of pain reduction and functional gains when used for chronic pain. There is no documentation of pain and functional improvement with the use of Topamax. Therefore, the requested Topamax is not medically necessary.