

<b>Case Number:</b>	CM15-0056103		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/22/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

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

### 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 54 year old, female who sustained a work related injury on 5/22/11. The diagnoses have included right epicondylitis status post release, right wrist inflammation, carpometacarpal joint inflammation on right, stenosing tenosynovitis and cervical disc disease. Treatments have included medications, physical therapy, injections, use of a brace, electro-diagnostic studies, MRIs, TENS unit therapy, rest, cold therapy and massage. In the PR-2 dated 2/12/15, the injured worker complains of right wrist and elbow pain. She has numbness and tingling along the upper extremities. The treatment plan is a refill of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21, 84, 67, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic upper extremity pain including neuropathic pain. The treating provider documents Topamax as helpful and there are no apparent adverse side effects. Antiepilepsy drugs (also referred to as anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The dose being prescribed is within recommended guidelines and therefore was medically necessary.