

Case Number:	CM15-0059842		
Date Assigned:	04/06/2015	Date of Injury:	12/24/2008
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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:

This 40-year-old female sustained an industrial injury to the back on 12/24/08. Previous treatment included magnetic resonance imaging, radiofrequency ablation, ice, water aerobics, home exercise and medications. In a PR-2 dated 2/26/15, the physician noted that the injured worker had been hospitalized for pancreatitis. The physician noted that Lyrica had caused weight gain even though it reduced neuralgia in the right lower extremity. Current diagnoses included chronic low back pain with facetogenic sources and pain induced depression and anxiety. The treatment plan included a prescription for Topiramate to reduce neuralgia and avoid weight gain, continuing medications (Nucynta and Duloxetine), obtaining supplies for transcutaneous electrical nerve stimulator unit and a request for authorization for two sessions of physical therapy with aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #30, refills: 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17, 21.

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

Decision rationale: The claimant has a remote history of a work injury occurring in December 2008 and continues to be treated for chronic back pain including right lower extremity neuropathic pain. Medications have included duloxetine 60 mg two times per day. Lyrica had decreased the neuropathic symptoms but had caused weight gain. 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 claimant is taking duloxetine at a maximal dose but has ongoing symptoms. The dose of Topamax being prescribed is within recommended guidelines and therefore was medically necessary.