

Case Number:	CM15-0083521		
Date Assigned:	05/05/2015	Date of Injury:	09/20/1995
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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: Anesthesiology, 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 52 year old female sustained an industrial injury to the low back on 9/20/95. Previous treatment included magnetic resonance imaging, lumbar fusion, epidural steroid injections and medications. In a visit note dated 3/30/15, the injured worker presented for follow up after a spinal cord stimulator trial. The injured worker reported 100% pain relief with the use of spinal cord stimulator. The injured worker was not on any opioid medications. The injured worker reported having improved sleep and functionality with the spinal cord stimulator. Current diagnoses included low back pain, status post lumbar spine surgery syndrome and lumbar spine radiculopathy. Spinal cord stimulator trial leads were removed during the office visit. The physician recommended permanent spinal cord stimulator implantation. On 4/3/15, a request for authorization was submitted for Topamax. On 4/8/15, a request for authorization was submitted for spinal cord stimulator implant with preoperative laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 20mg Qty: 180.00: Overturned

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 Page(s): 21.

Decision rationale: According to the MTUS, Topiramate 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007). According to the documents available for review, the injured worker has neuropathic pain from failed back surgery syndrome and has trialed and failed first line neuropathic agents such as gabapentin and cymbalta. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.