

Case Number:	CM15-0086037		
Date Assigned:	05/08/2015	Date of Injury:	05/10/2013
Decision Date:	06/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68-year-old female who sustained a work related injury May 10, 2013. While getting up from the floor, she hit her head against a box, without loss of consciousness. While standing, she hit her head on another box and fell landing on her left hip. She complained of dizziness and confusion. According to a physician's progress report, dated March 5, 2015, the injured worker presented for a neurological evaluation. She reports that when she turns quickly she develops lightheadedness with dizziness. She complains of a constant headache, rated 8/10, described as throbbing to sharp pain to dull. She has intermittent vertigo with nausea, humming in the ears, and does not sleep well. Diagnoses included post-concussion syndrome; hip joint painful on movement; neck pain; lumbar radiculopathy; recurrent vestibulopathy; cyst of pineal gland. Treatment plan recommends x-rays, audiometry testing and request for authorization for Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate (dosage, frequency and quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topiramate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 21.

Decision rationale: This 68 year old female has complained of dizziness, confusion, hip pain and back pain since date of injury 5/10/13. She has been treated with physical therapy and medications. The current request is for Topiramate. Per the MTUS guideline cited above, Topiramate is considered for use in neuropathic pain when other anti-epileptic agents have failed. There is no such documentation that other agents have been tried and failed in this patient, or are there clear documentation/ evidence of a neuropathic source of pain. On the basis of the MTUS guidelines and available medical documentation, Topiramate is not indicated as medically necessary in this patient.