

Case Number:	CM15-0088769		
Date Assigned:	05/13/2015	Date of Injury:	11/20/2011
Decision Date:	06/12/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 48 year old female sustained an industrial injury on 11/20/11. She subsequently reported right hip, right shoulder and neck pain. Diagnoses include cervicgia, lumbar sprain and pelvis joint pain. Treatments to date include x-ray and MRI testing, modified work duty, massage therapy, injections, acupuncture and prescription pain medications. The injured worker continues to experience right hip and shoulder pain. On examination, tenderness to palpation is noted over the right cervicobrachial region with palpable trigger points along the right trapezius and cervical paraspinal muscles. Cervical and right shoulder ranges of motion were within normal limits. A retrospective request for Topiramate-topamax 25 mg #180 (4/1/2015) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Topiramate-topamax 25 mg #180 (4/1/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16 - 22.

Decision rationale: The patient is a 48 year old female with an injury on 11/20/2011. She had neck, right hip and right shoulder pain. Recently shoulder and cervical range of motion were normal. She had muscle spasm of the right trapezius and cervical paraspinal muscles. There is no documentation of radiculopathy and neuropathic pain. MTUS, Chronic Pain, Anti-epilepsy drugs pages 16 - 22 notes that this class of drugs are only recommended in some patients with neuropathic pain. Thus, Topiramate/Topamax is not recommended and is not medically necessary.