

Case Number:	CM15-0089708		
Date Assigned:	05/14/2015	Date of Injury:	04/02/2014
Decision Date:	06/16/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 48-year-old female, who sustained an industrial injury on 4/2/14. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spine degeneration; lumbosacral intervertebral disc; thoracic lumbosacral neuritis or radiculitis; lumbago; sciatica; neuropathic pain; gastritis. Treatment to date has included physical therapy; L2-3 and right L4-5 transforaminal epidural steroid injection (1/6/15); medications. Currently, the PR-2 notes dated 4/8/15 indicated the injured worker complains of increasing lower back pain which his rated 6/10. She describes the pain as constant than can increase to shooting pain and is tingling sensation that radiates to the right leg. She has tried physical therapy and home exercise all of which have provided minimal to temporary pain relief. She is asking for alternative and interventional options to alleviate this pain. She has been having lower back pain with radiating right leg pain 3/10 today and notes she has been resting in bed for the last few days due to inflammation of her back and right leg. She is currently on antibiotics due to recent oral surgery 4/6/15. She is a status post epidural injections with greater than 50% relief (1/6/15) and she saw a neurosurgeon that recommended no surgery. A physical examination was documented with no outstanding issues. The treatment plan is to monitor medications but continue current regimen, request a bilateral L2-3 and right L4-5 transforaminal epidural steroid injection. The medication list includes Norco, Protonix and Naproxen. Per the doctor's note dated 5/5/15 patient had complaints of lower back pain which his rated 6/10 with numbness, tingling and radiation. Physical examination of the low back revealed muscle spasm, limited

range of motion, tenderness on palpation, negative Patrick and SLR test, paresthesias in LE, mild antalgic gait and 5/5 strength. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topiramate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

Decision rationale: Request: Topamax 25mg #30. Topiramate is an antiepileptic drug. According to MTUS guidelines, antiepileptic drugs are "Topiramate (Topamax, no generic available) 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." The injured worker was diagnosed as having lumbar spine degeneration; lumbosacral intervertebral disc; thoracic lumbosacral neuritis or radiculitis; lumbago; sciatica; neuropathic pain; gastritis. Currently, the PR-2 notes dated 4/8/15 indicated the injured worker complains of increasing lower back pain which his rated 6/10 with tingling sensation that radiates to the right leg. She has been resting in bed for the last few days due to inflammation of her back and right leg. She is a status post epidural injections with greater than 50% relief (1/6/15) and she saw a neurosurgeon. Per the doctor's note dated 5/5/15 patient had complaints of lower back pain which was rated 6/10 with numbness, tingling and radiation. Physical examination of the low back revealed muscle spasm, limited range of motion, tenderness on palpation, paresthesias in LE, mild antalgic gait. Use of Topamax is medically appropriate and necessary in this patient with chronic pain with neurological symptoms. The request for Topamax 25mg #30 is medically appropriate and necessary in this patient.