

Case Number:	CM15-0234730		
Date Assigned:	12/10/2015	Date of Injury:	04/10/2013
Decision Date:	01/13/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/01/2015

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: North Carolina
 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 39 year old female, who sustained an industrial injury on April 10, 2013. The injured worker was diagnosed as having complex regional pain syndrome (CRPS) with reflex sympathetic dystrophy (RSD), limb pain, degenerative disc disease of the cervical spine, and long term use of medication not elsewhere classified. Treatment and diagnostic studies to date has included acupuncture, chiropractic therapy, use of a Jacuzzi, magnetic resonance imaging of the cervical spine, physical therapy, massage therapy, use of wrist brace, magnetic resonance imaging of the left hip, magnetic resonance imaging of the left wrist, and psychiatric evaluation. In a progress note dated October 19, 2015 the treating physician reports complaints of chronic, pulsing, throbbing, sore, aching, shooting, tight, numbness, stabbing, sharp, pinching pain to the neck that radiates to the left upper extremity. Examination performed on October 19, 2015 was revealing for decreased range of motion to the cervical spine, tenderness to the cervical paraspinal muscles, edema to the left hand, hyperemia to the upper extremities, allodynia to the upper extremities, and decreased grip on the left. On October 19, 2015 the injured worker's medication regimen included Norco, Motrin, Topamax (since at least September 22, 2015), and Valium. The injured worker's pain level on October 19, 2015 and July 27, 2015 was rated an 8 to 9 out of 10. The treating physician on October 19, 2015 noted that the injured worker had 80% reduction of pain with her current treatment, but the progress note did not indicate if the injured worker experienced any functional improvement with activities of daily living with the use of her medication regimen. On October 19, 2015 the treating physician requested Topamax 25mg with

a quantity of 30 noting current use of this medication. On November 06, 2015 the Utilization Review determined the request for Topamax 25mg with a quantity of 30 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California MTUS section on Topamax states: 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. While the patient does have neuropathic pain complaints, there is no documented failure of first line anticonvulsant therapy which is recommended. Therefore the request is not medically necessary.