MAXIMUS Federal Services

Case Number:	CM15-0236645		
Date Assigned:	12/14/2015	Date of Injury:	05/04/2012
Decision Date:	01/21/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/03/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old female, who sustained an industrial injury on 05-04-2012. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for cervicogenic headache and bilateral occipital neuralgia. Treatment and diagnostics to date has included home exercise program and medications. Recent medications have included Norco, Cymbalta, and Topamax. Subjective data (08-21-2015 and 11-06-2015), included head and neck pain with noted "pain improvement" with taking Topamax. Objective findings (11-06-2015) included "normal tone and bulk in the upper and lower extremities". The request for authorization dated 11-11-2015 requested Topamax 25mg #60. The Utilization Review with a decision date of 11-19-2015 denied the request for Topamax 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #60: Overturned

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

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

Decision rationale: The patient was injured on 05/04/12 and presents with neck pain and head pain. The request is for TOPAMAX 25 MG #60. The utilization review denial rationale is that "there is no documentation of quantifiable pain reduction and functional improvement with the use of Topamax." The RFA is dated 11/11/15 and the patient's current work is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines, Antiepilepsy Drugs section, page 21 under Topiramate has the following: "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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." The patient is diagnosed with cervicogenic headache and bilateral occipital neuralgia. Treatment to date includes home exercise program and medications. The 11/06/15 treatment report states that the patient "has pain improvement with taking Topamax." MTUS supports Topamax for patients with neuropathic pain. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given that the patient receives benefit from this medication, the requested Topamax IS medically necessary.