

Case Number:	CM14-0115570		
Date Assigned:	08/04/2014	Date of Injury:	09/20/2008
Decision Date:	12/19/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 47 year old female reportedly sustained a work related injury due to a slip and fall on September 20, 2008 resulting in back pain, ankle pain, left arm pain and bilateral leg pain. Diagnoses include open reduction and internal fixation (ORIF) of right ankle and probable left lower extremity radiculopathy. A primary care physician visit dated May 7, 2014 provides the injured worker had right ankle surgery in 2010 and 2013 and has a normal gait. The record mentions an updated magnetic resonance imaging (MRI) showing narrowing of L1-L2, L2-L3 and L3-L4 and degenerative changes of L4-L5 and L5-S1. The date and a copy of the updated magnetic resonance imaging (MRI) was not provided. Physical therapy and radiofrequency neurolysis of the spine were requested at this visit. The primary care physician dated July 7, 2014 notes the injured worker is experiencing back stiffness, numbness in left arm and hip pain. Heat rest and massage helps per the injured worker. She is receiving chiropractic therapy to the low back weekly for 12 weeks but doesn't provide results of therapy. Medications listed are Cymbalta 60mg EC daily, HCTZ 5mg capsules daily, Naprosyn 500mg twice daily, Norco 325mg-10mg up to 9 times daily, Prilosec 20mg EC daily, Sprintec as directed, Topamax 100mg daily and Zanaflex 4mg twice daily. Exam was notable for crepitus, decreased sensation and increasing evidence of instability of the right ankle. The record documents new injury to right ankle but does not specify when or what the injury is. The lumbar spine exam was unchanged with pain on palpation. Tapering of narcotic medication was discussed and it is felt physical therapy is needed. The injured work status is temporarily totally disabled. On July 18, 2014 Utilization Review determined a request for Topamax 100mg 60 tablets twice daily with 4 refills, dated July 10, 2014, was non certified due to the number of refills and the ability to renew the prescription at the next months follow up office visit. Application for independent medical review is dated July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #60 take 1 tab PO BID (4-refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs(AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs(AEDs), Page(s): 16-21.

Decision rationale: Topiramate or Topamax is in the class of Antiepileptic Drugs(AEDs). AEDs are useful and effective in the treatment of certain neuropathic pains. As per MTUS Chronic Pain guidelines, Topiramate is a second line AED. It appears less effective against multiple neuropathic pains compared to other first line agents but may be considered if first line agents failed. There is no documentation of first line medication failure or trials of other trials of neuropathic pain treatments. There is no documentation of effectiveness to this medication. The provided documentation does not support the use of a second line medication. The number of refills is excessive and does not meet MTUS guidelines recommendations on close monitoring for side effects and effectiveness. The request for Topiramate is not medically necessary.