

<b>Case Number:</b>	CM14-0120725		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/02/1998
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Preventive 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:

According to the records made available for review, this is a 55-year-old female with a 4/2/98 date of injury. At the time (7/15/14) of the decision for Topiramate 200mg Quantity: 30 day supply with 2 refills, there is documentation of subjective (headache for 24 hours then recurred x48 hours) and objective (none specified) findings, current diagnoses (cervical degenerative disc disease and headache), and treatment to date (medication including Topiramate for at least 3 months). There is no documentation of neuropathic pain and that other anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Topiramate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 200mg Quantity: 30 day supply with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease and headache. However, there is no documentation of neuropathic pain and that other anticonvulsants have failed. In addition, given documentation of treatment with Topiramate for at least 3 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Topiramate. Therefore, based on guidelines and a review of the evidence, the request for Topiramate 200mg 30 day supply with 2 refills is not medically necessary.