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| <b>Case Number:</b>   | CM14-0135572 |                              |            |
| <b>Date Assigned:</b> | 08/29/2014   | <b>Date of Injury:</b>       | 04/22/2009 |
| <b>Decision Date:</b> | 09/30/2014   | <b>UR Denial Date:</b>       | 08/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/22/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55 years old male with an injury date on 04/22/2009. Based on the 07/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic pain other 2. Disc displacement of the cervical spine 3. Cervical radiculopathy 4. Lumbar radiculopathy. According to this report, the patient complains of constant neck pain with tingling, numbness and muscles weakness. The pain is aggravated by activities. The patient also complains of constant low back pain that radiate to the bilateral toes, right greater than left. Bending, sitting, standing, turning and walking would aggravate the pain. The pain is rated as a 4-5/10 with medication, 8-9/10 overall. Physical exam reveals spasm at the bilateral trapezius muscles, bilateral paraspinal muscles at C4-C7 and L4-S1 levels. Cervical and lumbar ranges of motion are restricted. MRI of the cervical spine on 02/24/2012 reveals 3mm disc protrusion at C6-C7, 2.9mm disc protrusion at C4-C5, and 1mm disc protrusion at C3-C4. MRI of the lumbar spine on 02/24/2012 reveals 3.3mm bilateral disc protrusion at L3-L4 and 2.6mm bilateral disc protrusion at L4-L5. The MRI reports were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 08/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/17/2014 to 07/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 50mg #120 x 5 DOS 1/6/14, 2/5/14, 3/14/14, 4/11/14, 5/29/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 07/15/2014 report by [REDACTED] this patient presents with constant neck and low back pain with tingling, numbness and muscles weakness. The treater is requesting Topiramate 50 mg #120 times 5 DOS 1/16/14, 2/15/14, 3/14/14, 4/11/14, and 5/29/14. According to MTUS Guidelines page 21, "Topiramate (Topamax) 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." Review of reports indicates that the patient has neuropathic pain. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary.