

Case Number:	CM14-0138216		
Date Assigned:	09/10/2014	Date of Injury:	03/30/1998
Decision Date:	10/07/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/26/2014

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 and is licensed to practice in Alabama. 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 62 year old male who was injured on 03/30/1999. The mechanism of injury is unknown. Prior medication history as of 04/03/2014 included Topamax, Ultracet, Prozac, Rozeremand Celebrex. Progress report dated 06/26/2014 documented the patient to have complaints of right knee and shoulder pain. She reported when taking Ultracet, her pain level is brought down to 0/10 from 5/10. She reported pain with movement and a flare of pain to 7/10 that comes down to 1-2/10 with the use of Ultracet. Objective findings on exam revealed a non-tender right knee. Her mood is stable range of motion of the shoulder is partially full. She is diagnosed with depression and anxiety, insomnia, history of right shoulder replacement, right carpal tunnel syndrome, and left knee injury with plateau fracture. The patient was prescribed Ultracet 37.5, Prozac20 mg and Topamax 50 mg. Prior utilization review dated 02/28/2014 states the request for Topamax 50mg #180 (Dispensed 6/26/14) is modified to certify Topamax 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #180 (Dispensed 6/26/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs, Page(s): , page(s) 16-22.

Decision rationale: The above MTUS guidelines for topiramate 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." In this case, there is no provided documentation that reports failure of other anticonvulsants prior. Therefore based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.