

<b>Case Number:</b>	CM14-0143786		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old woman who sustained a work-related injury on August 18, 2013. Subsequently, she developed chronic headache and was diagnosed with head injury not otherwise specified. Her physical examination demonstrated the pain in the back of the head. She was diagnosed with head injury with possible compression, postconcussion syndrome and bilateral temporomandibular joint syndrome. The provider request authorization to use the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 100mg 1 po bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>

**Decision rationale:** TOPAMAX(topiramate) Tablets and TOPAMAX(topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with

partial onset or primary generalized tonic-clonic seizures>. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic migraine headache in this patient. Therefore the prescription of Topamax is not medically necessary.

**Butalbital 50/Acetaminophen 325/Caffeine 40 mg 1 PRN #20, refill: 1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fioricet. <http://www.rxlist.com/fioricet-drug.htm>

**Decision rationale:** Butalbital, Acetaminophen and Caffeine is a combination used for migraine headaches. Its long term use is not recommended in post traumatic headache. Therefore, the request for the use of Butalbital 50/Acetaminophen 325/Caffeine 40 mg 1 PRN #20, refill: 1 is not medically necessary.

**Gabapentin 100mg 1 po bid prn #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. There is no documentation that the patient developed neuropathic pain. Therefore the request for Gabapentin 100mg 1 po bid prn #30 is not medically necessary.