

Case Number:	CM14-0146995		
Date Assigned:	09/12/2014	Date of Injury:	12/16/2010
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 44 year old male with an injury date on 12/16/2010. Based on the 08/14/2014 progress report provided by [REDACTED], the patient complains of neck and low back pain. The patient describes his LBP pain as burning, weakness and numbness right side more than the left. The progress reports do not discuss any positive exam findings. The diagnoses include the following: 1. Cervical Degenerative Disc Disease 2. Thoracic Discogenic Syndrome 3. Lumbar Degenerative Disc Disease [REDACTED] is requesting for Topiramate 50 mg, #60. The utilization review determination being challenged is dated 09/02/2014. [REDACTED] is the requesting provider, and [REDACTED], provided one treatment report of 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg, #60: 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 Topamax, Antiepilepsy drugs (AEDs) Page(s): 21, 16, 17.

Decision rationale: According to the 08/14/2014 report by [REDACTED], this patient presents with neck and low back pain. The treater is requesting Topiramate 50 mg, #60. MTUS Guidelines page 22 regarding other antiepileptic drugs state, "Topiramate 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." In this case, there was only one report to review and this report does not discuss the medication efficacy. Furthermore, there is no evidence that this patient suffers from neuropathic pain. The listed diagnosis and location of symptoms would suggest that the patient has pain from degenerated disc condition which is not neuropathic. Topamax would not be indicated in this situation. The request is not medically necessary.