

Case Number:	CM14-0147290		
Date Assigned:	09/15/2014	Date of Injury:	09/25/2010
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 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:

Patient is a 35-year-old male who has submitted a claim for complex regional pain syndrome associated with an industrial injury date of 09/25/2010. Medical records from 2014 were reviewed. Patient complained of severe pain located in the distal calf, right ankle and right foot. The pain radiated up the shin and into the right groin region. Pain was rated at 10 out of 10 without medications, and 5 out of 10 with medications. Physical examination results were not included in the medical records submitted. Treatment to date has included oral medications and opioid analgesics. Patient has been on Topiramate since at least February 2014. Utilization review from 08/26/2014 denied the request for Topamax two 25mg tabs QID #120, Refills: 3 because based on the guidelines, it fails to demonstrate efficacy in neuropathic pain of "central" etiology.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 25MG TAB TAKE 1 QID #120 REFILLS: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs; Topiramate Page(s): 16-17; 21.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. Topiramate is considered for neuropathic pain when other anticonvulsants fail. In this case, the patient has been on Topiramate since at least February 2014. Patient reported it to be helpful in decreasing the severity of neuropathic pain. Pain is rated at 10/10 without medications, and 5 out of 10 with medications. However, the documentation shows no trial of first line antidepressants for the treatment of neuropathic pain. The medical necessity for continuing management has not been established. Therefore, the request for Topamax two 25 mg tabs QID #120, Refills: 3 is not medically necessary.