

Case Number:	CM14-0148854		
Date Assigned:	09/18/2014	Date of Injury:	02/24/2006
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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 56-year-old female with a date of injury of 02/24/2006. The listed diagnoses are: bilateral rotator cuff syndrome; brachial neuritis; lateral epicondylitis; and carpal tunnel syndrome. Treatment reports from 04/01/2014 through 08/18/2014 were reviewed. According to progress report 08/18/2014, the patient has been out of medications, except for Hydroxyzine, since May. She is frustrated and tired of switching doctors. Objective findings state, "Visible, severe, palpable spasm, left greater than right trapezium." Request was for medications including Effexor, Anaprox, Protonix, Norco, Zanaflex, Topamax, Hydrocodone, and Robaxin. Progress report 04/21/2014 under objective findings notes, "Affect disconsolate; shoulder ROM limited, left greater than right; positive Tinel's. Cervical ROM decreased to 20 degrees, pain." Report 04/01/2014 states patient has been having a very emotional time. She is "tearful, very displeased, emotional." This is a request for Topamax, "1 tablet by mouth 2 times per day as needed for the management of chronic pain related to a bilateral wrist/hand injury." Utilization review denied the request on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax, 1 tablet by mouth two times per day as needed (unspecified drug strength/ quantity/ # days' supply), for the management of chronic pain related to bilateral wrists/hands injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition McGraw Hill 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: This patient presents with upper extremity complaints. Request for authorization from 08/18/2014 requests Topamax by mouth twice a day as needed. 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 pages 16 and 17 regarding antiepileptic drugs for chronic pain also state "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 the medical file shows that this patient has bilateral wrist and hand symptoms that are neuropathic. A trial of Topamax would appear reasonable. This request is deemed medically necessary.