

<b>Case Number:</b>	CM14-0160891		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/13/12 when, while working as an electrician, a ladder fell impacting his face and lip. There was no loss of consciousness. When seen by the treating provider, he had neck pain, dizziness, and headaches and then low back pain and was having difficulty concentrating. Treatments included physical therapy, medications, and a cervical spine injection. He continues to be treated for persistent headaches, vertigo, and neck and low back pain. Headache pain was rated at 9/10 and symptoms included photophobia. He was having ongoing symptoms of vertigo. He was having neck pain rated at 10/10 and lumbar pain at 6/10. He was seen on 03/31/14. He was having ongoing neck pain radiating to the head, shoulders, and back. Pain was rated at 10/10. Medications were Norco 10/325 mg, Cymbalta 60 mg, Topamax 50 mg two times per day, and Lidoderm. Physical examination findings included appearing in no apparent distress. There were multiple trigger points. He had normal strength. Authorization for a functional restoration program evaluation was requested. Norco 10/325 mg #60, Cymbalta 60 mg #30, Topamax 25 mg #120, and Lidoderm #30 were prescribed. On 05/19/14 his symptoms had worsened. Authorization for a functional capacity evaluation was requested. Omeprazole 20 mg was prescribed to help manage gastric reflux or heartburn and for protection when taking NSAIDs. Review of systems was negative for stomach pain. On 06/17/14 he was having ongoing neck and back pain. He was continuing to take Topamax 50 mg two times per day. On 07/10/14 he was having ongoing symptoms with pain rated at 9/10. Medications were refilled. Physical examination findings included appearing in no acute distress. There was a normal neurological examination. There was positive Adson's testing bilaterally. Medications were continued. The claimant was seen for a functional restoration program

evaluation on 08/06/14. He was considered to be an appropriate candidate for treatment in the program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TOPAMAX 25 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): p16-21.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for radiating neck pain and headaches. When seen in March 2014, he had pain rated at 10/10 while taking medications that included Topamax. Antiepilepsy drugs (also referred to as anti-convulsants) are recommended for neuropathic pain due to nerve damage. Topamax (topiramate) has been shown to have variable efficacy. In this case, the claimant is being treated for chronic pain without evidence of nerve injury or neuropathic pain. Treatment with Topamax appears ineffective. Therefore, the continued prescribing of Topamax was not medically necessary.