MAXIMUS Federal Services

Case Number:	CM14-0163148		
Date Assigned:	10/08/2014	Date of Injury:	04/29/2009
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 American Board Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 60 year old male with a date of injury of 4-29-2009. He had a fall from a horse thus sustain a fractured neck at the C2 level. He has developed hearing loss, ringing in the ears, chronic neck pain radiating to the upper extremities, low back radiating to the lower extremities, symptoms of depression, hallucinations, poor concentration, and forgetfulness. The physical exam reveals tenderness of the cervical musculature with diminished cervical range of motion, tenderness to the lumbar musculature with diminished lumbar range of motion, and generally normal reflexes and strength of the upper and lower extremities. The diagnoses include post concussive syndrome, lumbar disc displacement without myelopathy, neck pain, cervical headaches, depression, anxiety, and post-traumatic stress disorder. The injured worker has been taking Topamax, as much as 50 mg twice a day, presumably for his radiculopathy. It appears that the injured worker is currently having the Topamax weaned as the last utilization reviewer failed to certify a higher quantity than that being requested here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate-Topamax 25mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Anti-epileptic drugs are recommended for neuropathic pain (pain due to nerve damage. 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 (RCTs) for the use of this class of medication for neuropathic pain has been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. Topiramate (Topamax, no generic available) 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. In this instance, Topamax at higher quantities has been non-certified because of a failure to show that other anti-epilepsy medications, such as gabapentin, had been tried first. Additionally, it is possible that the neuro-cognitive symptoms the injured worker has been experiencing may in fact be a side effect of Topamax. It appears that the quantity requested is such to allow for weaning purposes. Therefore, Topiramate-Topamax 25mg #60 is medically necessary.