

<b>Case Number:</b>	CM14-0102242		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 08/25/2003. He sustained head injury that resulted in a loss of consciousness when a heavy door struck him in the head slamming his head into a metal fire panel. He collapsed to the floor, again striking his head. He was hospitalized for four days as a result. He had peri-event amnesia and had to see a neuropsychologist and speech therapy during his recovery. According to a progress report dated 04/30/2015, the injured worker was seen for headaches. Pain was rated 4.5 on a scale of 1-10 with medications and 10 without medications. There were no new problems. Quality of sleep was fair. Activity level remained the same. The injured worker wore a helmet, orange vest and used a walker. He walked home after appointment for his exercise. He was able to function with the aid of pain medications. Treatment to date has included medications, therapy, acupuncture, MRI and right occipital nerve block. Diagnosis included occipital neuralgia. The provider noted that the injured worker could not be without Topamax as his headaches become severe and he had seizures. He was able to functionally do more with medications as compared without it. He was independent with activities of daily living and home chores. Treatment plan included continuance of Imitrex, Topamax and Norco. Currently under review is the request for Topamax. Records submitted for review show that the injured worker's use of Topamax dates back to 2012. The medication list includes Imitrex, Topamax, Norco, Trazodone, Baclofemethasone and Bentolin. The patient had received right occipital nerve block. The patient has had MRI of the cervical spine that revealed degenerative changes and foraminal narrowing. The patient has had urine drug screen test on 8/12/10 that was consistent.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 21Topiramate.

**Decision rationale:** Topiramate is an antiepileptic drug. According to MTUS guidelines antiepileptic drugs are "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." He sustained head injury that resulted in a loss of consciousness when a heavy door struck him in the head slamming his head into a metal fire panel. He collapsed to the floor, again striking his head. He had peri-event amnesia and had to see a neuropsychologist and speech therapy during his recovery. According to a progress report dated 04/30/2015, the injured worker was seen for headaches. Pain was rated 4.5 on a scale of 1-10 with medications and 10 without medications. Diagnosis included occipital neuralgia. The provider noted that the injured worker could not be without Topamax as his headaches become severe and he had seizures. He was able to functionally do more with medications as compared without it. The patient has had MRI of the cervical spine that revealed degenerative changes and foraminal narrowing. The patient has had urine drug screen test on 8/12/10 that was consistent. Use of Topamax is medically appropriate and necessary in this patient with chronic pain with neurological symptoms. The request for Topamax 50mg, #60 is medically appropriate and necessary in this patient.