

Case Number:	CM14-0210053		
Date Assigned:	12/23/2014	Date of Injury:	10/08/2007
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 (IW) is a 51-year-old male who sustained a back injury at work on 10/8/07. Records indicate his back was injured after falling while climbing down a ladder. The records indicate that he underwent back surgery involving lumbar fusion from L4 to S1. Records indicate that ongoing back and leg pain was possibly due to hardware loosening and was removed along with extension of his fusion at L3-4. The attending physician report dated 10/9/14 (166) noted he was complaining of cramping in his legs and difficulty sleeping. He had low back pain and radiculopathy. Exam notes revealed decreased lumbar ROM and positive SLR, bilaterally and S1 radiculopathy. EMG/NCV was ordered. The attending physician report dated 11/11/ 14 (194) noted that the IW complained of constant, severe pain with spasms. His pain was level was reduced from 8/10 to 4/10 with medications. Physical therapy and acupuncture provided temporary relief. Medications included; Zanaflex, Topamax, and Oxycontin and Topamax and Oxycontin were refilled. There were no documentations of objective findings. The utilization review report dated 12/8/14 denied the request for Topamax 25mg #30 with 3 refills based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #30 with 3 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter,
Topamax.

Decision rationale: The injured worker has chronic low back and leg pain following back surgery. The current request is for Topamax 25mg #30 with three refills. Topamax (Topiramate) is an anti-epilepsy drug. 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 have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). Topamax has few RCTs directed at central pain and none for painful radiculopathy have 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, the treating physician states that the patient has radiculopathy and the examination findings also suggest there is radiculopathy present. The ODG guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. ODG states that a "good" response to the use of AEDs has been defined as a 50% reduction of pain. The treating physician notes that pain levels are reduced from an 8/10 to a 4/10 with medication usage and that medication is effective. The current request is medically necessary and the recommendation is for authorization.