

Case Number:	CM14-0214189		
Date Assigned:	01/07/2015	Date of Injury:	07/28/2011
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male with an injury date of 07/28/2011. Based on the 08/20/2014 progress report, the patient has left jaw pain from a jaw lash at the time of his initial head trauma. The injury where he had the fractured skull caused him to be blind in the left eye and impaired his sense of smell. The 10/01/2014 report states that the patient's jaw lash provoked a left temporomandibular joint syndrome that contributes to his headaches. There is tenderness over the left temporomandibular joint, neck, mid back, and right shoulder. There is diminished hearing to a tuning fork 2 feet from the right ear and 1 foot from the left ear. The 11/18/2014 report does not provide any new additional positive exam findings. The patient's diagnoses include the following: Closed head injury with posttraumatic head syndrome with cognitive impairment and mood impairment, Bilateral temporomandibular joint line, left greater than right, secondary to facial trauma and fracture, Loss of sense of smell secondary to olfactory nerve injury, Blindness, left eye, Muscle contraction and vascular headaches, secondary to #1 and #2. Cervical strain, Thoracolumbar strain, Right shoulder pain, Diminished hearing in the ears. The utilization review determination being challenged is dated 11/26/2014. Treatment reports are provided from 05/21/2014 - 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Topiramate (Topamax). Page(s): 16-17,21.

Decision rationale: The patient presents with cognitive impairment, mood impairment, bilateral temporomandibular joint syndrome, loss of smell, left eye blindness, muscle contraction and vascular headaches, cervical strain, thoracolumbar strain, right shoulder pain, and diminished hearing in the ears. The request is for Topamax 100 Mg #60 With 2 Refills. The patient has been taking Topamax as early as 05/21/2014. Regarding topiramate (Topamax), MTUS Guidelines page 21 states, "Topiramate 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 page 16 and 17 regarding anti-epileptic drugs for chronic pain also states 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 have been directed at postherpetic neuralgia and painful polyneuropathy." Review of the medical files indicate that the patient has been utilizing Topamax as early as 05/21/2014. The 11/18/2014 report states that "the patient's headaches are modified with Topamax." The patient has tenderness over the left temporomandibular joint and tenderness over the neck, mid back, and right shoulder. There are no signs of radicular pain as indicated by MTUS Guidelines. Therefore, the requested Topamax IS NOT medically necessary.