MAXIMUS Federal Services

Case Number:	CM14-0217352		
Date Assigned:	01/07/2015	Date of Injury:	11/29/2010
Decision Date:	03/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 56 year old female, who sustained an industrial injury on November 29, 2010. She has reported severe headaches, hip pain, neck pain, low back pain and right leg pain and was diagnosed with cervical spine discogenic disease, lumbar spine discogenic disease, lumbar radiculopathy, anxiety and depression and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, surgical interventions and other treatment modalities. Currently, the IW complains of severe headaches, hip pain, neck pain, low back pain and right leg pain. The injured worker reported an industrial injury after being struck by a vehicle while performing duties as a crossing guard. She did not notice immediate pain however was in severe pain shortly after. She has experienced failed conservative therapies and gastrointestinal upset secondary to prescribed medications. She noted having sleep disturbances and sexual dysfunction secondary to pain. On June 2, 2014, the pain continued. Adjustments were made to the medications. The pain continued and the following was requested. On December 3, 2014, Utilization Review non-certified a request for Topiramate tab 50mg, # 30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited.On December 22, 2014, the injured worker submitted an application for IMR for review of requested Topiramate tab 50mg, # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate tab 50mg, QTY: 30, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18-19.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate drug information: topamax and preventive treatment of migraines in adults

Decision rationale: Topamax may be used in migraine headache prophylaxis. A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document that her headaches are migraine in origin or why this medication is being requested in addition to her current medications targeting pain. The goals for this medication with regards to efficacy were not discussesd nor were potential side effects. The records do not document medical necessity for topamax.