

<b>Case Number:</b>	CM15-0014127		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/17/2004
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Emergency 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 is a 38 year old female, who sustained an industrial injury on 09/17/2004. She has reported subsequent neck and back pain and was diagnosed with cervicothoracic dysfunctions with cervicgia, cervical myofascial pain syndrome and cervicogenic headaches. Treatment to date has included oral and topical pain medication, trigger point injections, application of ice, acupuncture and home exercise. In a progress note dated 01/07/2015, the injured worker reported continued 3/10 neck pain. Objective examination findings were notable for tightness of the cervical spine. The physician reported that there had been a substantial increase in the injured worker's pain and a decrease in function and that therefore a request for authorization of Topiramate was being made. On 01/13/2015, Utilization Review non-certified a request for Topiramate, noting that there was an absence of documentation that the injured worker had objective findings of radiculopathy. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 25mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18, 21 Page(s): Pages 16-18, 21.

**Decision rationale:** The requested Topiramate 25mg # 90, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are " Recommended for neuropathic pain due to nerve damage", and Topiramate is "considered for use of neuropathic pain when other anticonvulsants fail." The injured worker has neck pain. The treating physician has documented cervical tenderness. The treating physician has not documented exam evidence of neuropathy/mediculopathy, failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date. The criteria noted above not having been met, Topiramate 25mg # 90 is not medically necessary.