

<b>Case Number:</b>	CM15-0014664		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/27/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for posttraumatic headaches reportedly associated with an industrial injury of April 27, 2005. In a Utilization Review Report dated January 15, 2015, the claims administrator partially approved a request for topiramate (Topamax). The claims administrator referenced a progress note of January 6, 2015 in its determination. The applicant's attorney subsequently appealed. On March 9, 2015, the attending provider wrote via an appeal letter that the applicant was using topiramate (Topamax) for anticonvulsant effect. The applicant had apparently developed epilepsy following trauma to the head, it was acknowledged. Topiramate was apparently endorsed at a heightened dose on January 27, 2015 by the applicant's neurologist, for ongoing issues with epilepsy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Topiramate 50mg #90 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8.

**Decision rationale:** 1. Yes, the request for topiramate (Topamax), an anticonvulsant medication, was medically necessary, medically appropriate, and indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is indicated in the treatment of neuropathic pain when other anticonvulsants fail, the MTUS does not specifically address the topic of anticonvulsant medications for epilepsy. However, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider should discuss the efficacy of the medication for the particular condition for which it is being prescribed. Here, the attending provider has stated that usage of topiramate (Topamax) has controlled the applicant's seizures. There was no mention of the applicant's having breakthrough seizures on the January 2015 progress note on which topiramate was renewed. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.