

Case Number:	CM15-0111481		
Date Assigned:	06/17/2015	Date of Injury:	06/16/2010
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45-year-old male who sustained an industrial injury on 06/16/2010. He reported pain in his back when he hit a hole while driving a riding lawnmower. The injured worker was diagnosed as status post anterior-posterior L5-S1 fusion, postoperative neurogenic bladder, failed back surgery syndrome, status post permanent implantation of lumbar spinal cord stimulator (07/2013), postoperative neck pain with MRI evidence of disc bulge and osteophytes at C6-7 and C7-T1, status post left shoulder surgery (11/2012) depression, industrially related due to intractable pain followed by a psychologist and psychiatrist at Kaiser, and Status post pacemaker placement for sick sinus syndrome on 08/14/2012. Treatment to date has included medications, surgery, cervical epidural steroid infusion under fluoroscopic guidance (02/23/2015), therapeutic exercise in a pool, and attendance at a weight loss clinic. Currently, the injured worker complains of shoulder pain in the left shoulder and left chest, secondary to a fall. He has neck, low back and bilateral extremity pain rated as 10/10 intensity but reduced to a 5-6, 10 with use of medications. Pain relief from the cervical epidural steroid injection is beginning to fade. He complains of increased neck pain and restricted range of motion. He has sick sinus syndrome for which he has a pacemaker since 08/14/2012. He also has a CPAP, which he does not like. His surgical history includes two arthroscopic right knee surgeries (1993, 2004) a lumbar fusion (2011) a carpal tunnel release (2011) implantation of a pacemaker (2012), and left shoulder surgery (2012). He also has had a spinal cord stimulator implantation and revision (2013-2014). His medications include Metaxalone, Lyrica, Oxymorphone ER, Celebrex, Percocet, and Carvedilol. The treatment plan includes refills of his current medications. A request for authorization is made for Topiramate tab 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate tab 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS 2010 Revision, Web Edition.
Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topamax
Page(s): 18.

Decision rationale: The California MTUS section on Topamax states: Topiramate (Topamax, no generic available) 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 fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007) Criteria for use of this medication per the California MTUS have not been met in the provided clinical documentation for review and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.