

Case Number:	CM15-0112544		
Date Assigned:	06/19/2015	Date of Injury:	08/21/2000
Decision Date:	09/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on 08-21-2000 secondary to pulling a pallet resulting in popping in right shoulder. On provider visit dated 04-27-2015 the injured worker has reported on going right shoulder, neck pain and headaches. On examination, the neck was noted as relatively supple and mild spasms of her trapezius muscles bilaterally. The diagnoses have included cervical strain and thoracic strain. Treatment to date has included medication and physical therapy. The injured was noted to be retired. The provider requested Topiramate 50mg quantity 60 for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for neck and right shoulder pain and headaches. When seen, she was having increasing headaches. Physical examination findings included eight BMI of over 38. There was pain with spinal range of motion. There was decreased shoulder range of motion with positive right impingement testing. There was mild bilateral trapezius muscle spasm. There was decreased upper extremity strength and sensation. Topiramate was prescribed for the treatment of headaches. Topiramate (Topamax) is indicated for the prophylaxis of migraine headaches. In this case, the claimant's headaches are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined and a diagnosis of migraine headaches is not supported. Prescribing topiramate for migraine prophylaxis is not medically necessary.