

Case Number:	CM15-0114800		
Date Assigned:	06/23/2015	Date of Injury:	06/22/2007
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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, California
 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 is a 49 year old, right -handed female, who sustained an industrial injury on June 22, 2007. She reported neck pain, left shoulder and hand pain and low back pain while performing her normal and customary duties as a bus driver. She noted developing sharp, shooting pain down the neck and back while reaching for the steering wheel. Later she applied the emergency brake to avoid an accident and experienced immediate left upper extremity and hand pain. The injured worker was diagnosed as having depression, cervical disc disease with myelopathy, intervertebral disc disorder with myelopathy of the lumbar region, bilateral hand pain, leg numbness, knee meniscus pain, rotator cuff disorder, neuritis, cephalgia, lumbar spine instability, status post cervical fusion with failed neck syndrome, recurrent left cervical radiculopathy, lumbar 4-5 and lumbar 5-sacral 1 disc protrusion, bilateral lumbar radiculopathy. Treatment to date has included diagnostic studies, pain management physician appointments, lumbar epidural steroid injections, cortisone injections to the left shoulder, electrodiagnostic studies, cervical spinal cord stimulator placement, medications, surgical intervention of the cervical spine, home exercises, LSO back brace and work restrictions. The medication list includes Voltaren, Trazodone, Alprazolam, Cymbalta, Topamax, Methadone, Gabapentin and Zolpidem. Per note dated 5/13/15 patient had complaints of headache, low back pain and neck pain. Physical examination of the neck and back revealed tenderness on palpation and muscle spasm and normal neurological and psychological examination. The patient's surgical history includes CTR, surgery of trigger finger and cervical surgery-fusion. The patient has had history of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Other guidelines Thompson Micromedex Topamax- FDA labeled indications Page(s): 22, 67-68.

Decision rationale: Topiramate is an antiepileptic drug. According to MTUS guidelines antiepileptic drugs are "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". She reported neck pain, left shoulder and hand pain and low back pain while performing her normal and customary duties as a bus driver. She noted developing sharp, shooting pain down the neck and back while reaching for the steering wheel. The injured worker was diagnosed as having depression, cervical disc disease with myelopathy, intervertebral disc disorder with myelopathy of the lumbar region, bilateral hand pain, leg numbness, knee meniscus pain, rotator cuff disorder, neuritis, cephalgia, lumbar spine instability, status post cervical fusion with failed neck syndrome, recurrent left cervical radiculopathy, lumbar 4-5 and lumbar 5-sacral 1 disc protrusion, bilateral lumbar radiculopathy. Treatment to date has included diagnostic studies, pain management physician appointments, lumbar epidural steroid injections, cortisone injections to the left shoulder, electrodiagnostic studies, cervical spinal cord stimulator placement, medications, surgical intervention of the cervical spine, home exercises, LSO back brace and work restrictions. Per note dated 5/13/15 patient had complaints of headache, low back pain and neck pain. Physical examination of the neck and back revealed tenderness on palpation and muscle spasm and normal neurological and psychological examination. The patient's surgical history includes CTR, surgery of trigger finger and cervical surgery-fusion. The use of Topamax is FDA approved for prophylaxis of migraines headache and this pt has chronic headache. Use of Topamax is medically appropriate and necessary in this patient with chronic pain with a neurological component. The request for Topamax 50mg #60 is medically necessary and appropriate for this patient.