

<b>Case Number:</b>	CM15-0116185		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/27/1999
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Florida, 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 injured worker is a 57 year old female, who sustained an industrial injury on 1/27/99. The diagnoses have included mood disorder due to medical condition and chronic sympathetic dystrophy syndrome. Treatment to date has included medications, activity modifications, diagnostics, cane, wheelchair, psychiatric care and other modalities. Currently, as per the physician progress note dated 5/4/15, the injured worker is noted to suffer from mood disorder due to medical condition. She also suffers from chronic sympathetic dystrophy syndrome due to work related injury. She has reactive depression, reactive anxiety, sense of rejection and abandonment from family, boyfriend and significant others which contributes to anger, defiance and irritability. Currently, she ambulates with use of a cane for short distances and uses a wheelchair otherwise. The current medications included Valium, Buspar, Topamax, Omeprazole, Trazodone, and Norco. There is no previous urine drug screen reports noted. The physician requested treatment included Topamax 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** This claimant was injured back in 1999. The diagnoses were a mood disorder and chronic sympathetic dystrophy syndrome. Treatment to date has included medications, activity modifications, diagnostics, cane, wheelchair, psychiatric care and other modalities. As of 5/4/15, it was also noted the claimant has reactive depression and anxiety. The current medications included Valium, Buspar, Topamax, Omeprazole, Trazodone, and Norco. This is a request for continued Topamax. Regarding Topamax, the MTUS notes that for chronic non-specific axial low back pain, a recent review has indicated that there is insufficient evidence to recommend for or against it or other antiepileptic drugs. There was one randomized controlled study that has investigated Topiramate for chronic low back pain. This study specifically stated that there were no other studies to evaluate the use of this medication for this condition. Patients in this study were excluded if they were taking opioids. No patient had undergone back surgery. Given the lack of supportive studies of this medicine for chronic pain, this medicine is not supported for the claimant. The request is not medically necessary.