

<b>Case Number:</b>	CM15-0116969		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/05/2007
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 is a 41 year old male who sustained an industrial injury on 10/05/2007. There was no initial mechanism of injury documented. The injured worker was diagnosed with complex regional pain syndrome Type I, thigh laceration and metatarsal fractures. The injured worker is status post amputation of the 3rd and 4th digits (no date documented). Injured worker had a previous gastric bypass and cannot tolerate non-steroidal anti-inflammatory drugs (NSAIDs). The medical records noted the injured worker stepped down with his left leg and felt a pop in his foot and noticed the 2nd digit was dislocated. This is a re-occurrence. Treatment to date has included surgery, foot injections administered on March 3, 2015 and April 8, 2015 and pain control. According to the primary treating physician's progress report on April 22, 2015, the injured worker continues to experience pain and is interested in an intrathecal pump. Evaluation notes the injured worker is able to transfer and ambulate with an antalgic gait on the left side. He has significant allodynia over the left 3rd and 4th amputation sites, the dorsum and right and left side of the left foot. The left 2nd digit was swollen with slight erythema at the proximal interphalangeal joint. Current medications are listed as Oxycodone 10/325mg, Topamax and Amitiza. Treatment plan consists of restarting oxycodone 10mg, continue Amitiza, evaluation for intrathecal pump trial, left foot magnetic resonance imaging (MRI), increase Topamax, samples of Relistor and the current request for Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25 mg, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topamax Page(s): 21.

**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) The review of the provided clinical documentation does not meet criteria for use of Topamax as other first line anticonvulsant neuropathic pain agents have not had documented failure. Therefore the request is not medically necessary.