

<b>Case Number:</b>	CM15-0118189		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, Michigan

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 50-year-old female, with a reported date of injury of 02/18/2005. The mechanism of injury was cumulative trauma while performing her usual and customary duties. The injured worker's symptoms at the time of the injury included neck pain, and right shoulder pain. The diagnoses include status post anterior cervical discectomy and fusion C4-7 with residual cervical kyphosis, rule out myelopathy, thoracic outlet syndrome on the left shoulder, multilevel foraminal stenosis of the cervical spine, presumed facet syndrome, and rule out incomplete fusion. Treatments and evaluation to date have included oral medications, cervical spine fusion, thoracic outlet syndrome surgery on 07/07/2008, physical therapy, cortisone injection to the right shoulder, acupuncture therapy for both shoulders, right shoulder surgery on 11/11/2009, and cervical nerve block injection on 08/02/2011. The diagnostic studies to date have included x-rays of the cervical spine which showed prior cervical fusion at C4-C7, kyphosis within the fusion segment; x-rays of the thoracic spine with normal findings; an MRI of the cervical spine on 04/10/2015 which showed loss of normal cervical lordosis with retrolisthesis of C3 on C4, changes of facet disease on the left at C2-3, C3-4, and more severely on the right at C3-4, narrowing of the central canal, and severe left-sided neural foraminal stenosis at C7-T1; and a CT scan of the cervical spine. The medical report from which the request originates was not included in the medical records provided for review. The progress report dated 12/11/2014 was handwritten and somewhat illegible. The report indicates that the injured worker reported no change in signs and symptoms. She reported no side effects with medications. She rated her pain 9 out of 10. The objective findings include cervical spine hypoesthesia (reduced sense of touch

or sensation) and positive axial compression in the bilateral upper extremities. The Topamax was listed as a current medication. The progress report dated 04/17/2015 indicates that the injured worker had ongoing pain in her neck with radiation into the bilateral shoulders, lateral arms, and arms. She indicated that the pain alternates sometimes on the right, and sometimes on the left. The physical examination of the cervical spine showed a well-healed incision anteriorly on the right side, paraspinal tenderness at C3-C7 bilaterally, upper trapezial tenderness more on the left than on the right, and decreased range of motion. The treating physician requested Topamax 25mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Topamax 25mg #120 filled 3/9/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that anti-epilepsy drugs are recommended for neuropathic pain. Topiramate (Topamax) has been shown to have unstable effectiveness, with failure to demonstrate effectiveness in neuropathic pain. "It is still considered for use for neuropathic pain when other anticonvulsants fail." Anti-epilepsy drugs are also called anti-convulsants. There is no documentation that the injured worker had trialed and failed all other recommended first line anticonvulsant and antidepressant medications. There was also no documentation of pain or functional improvement with the use of Topamax as required by the guidelines, therefore the request for Topamax is not medically necessary.

**Topamax 25mg #120 filled 4/9/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that anti-epilepsy drugs are recommended for neuropathic pain. Topiramate (Topamax) has been shown to have unstable effectiveness, with failure to demonstrate effectiveness in neuropathic pain. "It is still considered for use for neuropathic pain when other anticonvulsants fail." Anti-epilepsy drugs are also called anti-convulsants. There is no documentation that the injured worker had trialed and failed all other recommended first line anticonvulsant and antidepressant medications in the medical records that were available for my review. There was also no documentation of pain or functional improvement with the use of Topamax as required by the guidelines, without this

information it is not possible to determine if continued use is medically necessary. Therefore, the request for Topamax is not medically necessary.