

<b>Case Number:</b>	CM15-0119166		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female who sustained an industrial injury on 01/25/2008. The injured worker was diagnosed with chronic intractable pain syndrome and lumbosacral degenerative disc disease. The injured worker is status post lumbar discectomy with artificial disc placement at L4-L5 in 2010 and L5-S1 fusion in June 2013. Treatment to date has included diagnostic testing, surgery, physical therapy, lumbar epidural steroid injections and medications. According to the primary treating physician's progress report on May 26, 2015, the injured worker continues to experience low back pain with muscle spasm. The injured worker also reports difficulty sleeping. Examination demonstrated marked tenderness to palpation of the lumbar paraspinal muscles and the left buttock with limited range of motion in all planes. Sensation is intact with negative straight leg raise. The injured worker ambulates slowly with an antalgic gait and has difficulty rising from a seated position. Medications were not noted. Treatment plan consists of the current request for Topamax for the neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (Topiramate).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>.

**Decision rationale:** TOPAMAX (topiramate) Tablets and TOPAMAX (topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic headache in this patient. There is no documentation that the patient have functional improvement of previous use of Topamax. Therefore the prescription of Topamax 25mg is not medically necessary.