

Case Number:	CM15-0123879		
Date Assigned:	07/14/2015	Date of Injury:	02/18/2005
Decision Date:	08/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/26/2015

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, 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 51 year old female who sustained an industrial /work injury on 2/18/05. She reported an initial complaint of neck pain and right shoulder pain. The injured worker was diagnosed as having displacement of cervical intervertebral disc, s/p anterior cervical discectomy and fusion C4-7 with residual cervical kyphosis, thoracic outlet syndrome, s/p release, multilevel foraminal stenosis. Treatment to date includes medication, surgery (prior anterior cervical discectomy and fusion at C5-6 on 1/26/06, rib resection on 7/7/08 with redo neurolysis of the brachial plexus and supraclavicular scalenectomy on 11/11/09), and behavioral medicine. MRI results of the cervical area were reported on 4/10/15. X-ray results were reported on 3/18/15. Currently, the injured worker complained of pain in the cervical spine and right upper extremity that was worsening and rated 7-9/10. There was weakness in the neck and limited range of motion. There is also lower back pain. Per the primary physician's report (PR-2) on 3/18/15, exam noted paraspinal tenderness at C3 through C7 bilaterally, upper trapezius tenderness (L>R), decreased range of motion, motor function at 4+/5 on right and 4/5 on left, decreased sensory tests, Spurling's positive on right side, abnormal Rhomberg and Tandem tests. Lumbar exam noted midline tenderness at L4-S1, decreased range of motion, straight leg raise at 80 degrees. The requested treatments include Topamax 25 MG #120 Filled 3/9/15 and 4/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 MG #120 Filled 3/9/15 and 4/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptics Page(s): 18.

Decision rationale: According to the guidelines, anti-epileptics such as Topamax are indicated for neuropathic pain and CRPS. There is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. They increase walking distance in those with lumbar stenosis. In this case, the claimant had been on opioids including Morphine along with Topamax. The claimant has chronic neck and back pain. Topamax is not a 1st line anti-epileptic such a Gabapentin for neuropathic pain. The Topamax for the dates in question is not medically necessary.