

<b>Case Number:</b>	CM15-0124083		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	09/21/2006
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic hip and low back pain reportedly associated with an industrial injury of September 21, 2006. In a Utilization Review report dated May 30, 2015, the claims administrator failed to approve a request for Topamax. The claims administrator referenced an RFA form dated May 19, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On a February 16, 2015 Psychiatry note, the applicant was given prescriptions for Remeron and Pristiq. The applicant reported some improvement from a mental health standpoint with these medications. In a progress note dated February 18, 2015, the applicant reported ongoing complaints of low back pain, 4/10 with associated lower extremity paresthesias. The applicant did have issues with depression and sleep walking, it was reported. The applicant was on Motrin, Topamax, Flexeril, glucosamine, LidoPro, a TENS unit, Remeron, Pristiq, and Effexor, it was reported. The applicant was unemployed and receiving worker's compensation indemnity benefits, it was reported. Multiple medications were renewed and/or continued, including Motrin, Topamax, Flexeril, and glucosamine. On an earlier note dated July 2, 2014, the applicant was placed off of work, on total temporary disability, while Topamax, Motrin, Flexeril, and glucosamine were renewed. The applicant was receiving cognitive behavioral therapy, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Topiramate 100mg #30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21.

**Decision rationale:** No, the request for topiramate (Topamax), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate (Topamax) is indicated in the treatment of neuropathic pain in applicants in whom other anticonvulsants fail, here, however, there was no mention of the applicant's having tried and/or failed first line anticonvulsant and adjuvant medications such as Neurontin or Lyrica. It was further noted that the applicant had received topiramate (Topamax) for what appeared to have been a minimum of several months and had, furthermore, failed to profit from the same. The applicant was off of work as of the February 18, 2015 progress note on which topiramate was renewed. The applicant continued to report complaints of low back pain radiating to the bilateral lower extremities, exacerbated by activity. The applicant was receiving worker's compensation indemnity benefits, it was reported on that date. Ongoing use of Topamax failed to curtail the applicant's dependence on numerous other forms of medical treatment, including Motrin, Flexeril, LidoPro cream, a TENS unit, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of topiramate (Topamax). Therefore, the request was not medically necessary.