

Case Number:	CM15-0128773		
Date Assigned:	07/15/2015	Date of Injury:	10/27/2009
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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 60 year old female, who sustained an industrial injury on 10/27/2009. She has reported injury to the head, neck, and low back. The diagnoses have included post-laminectomy syndrome lumbar region; unspecified myalgia and myositis; lumbosacral spondylosis without myelopathy; cervical spine status post ACDF (anterior cervical discectomy and fusion) C4-5/C5-6 with degenerative disc disease C2-3 and symptoms of upper extremity radiculitis; and lumbar spine status post PLIF (posterior lumbar interbody fusion) L4-5 with degenerative disc disease and herniated nucleus pulposus at L1-2 with lower extremity radiculopathy L4, L5, and S1. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Oxycodone, OxyContin, Lidoderm patches, Lorazepam, Ketorolac, Topamax, Zomig, and Verapamil. A progress report from the treating physician, dated 06/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the low back; the pain is constant, dull, and aching; the pain radiates to the right lower extremity; the pain is rated as 6/10 on a pain scale of 0-10; the pain is rated as 4/10 when she utilizes her pain medication; without the medication, her pain level could be an 8-9/10; the pain is worse in the morning than in the afternoon, and is worsened with standing, lifting objects, bending, and sitting; her pain gets better by taking medications and resting; and the current medications reduce the severity of her lower back pain and allow for increased mobility and function. Objective findings included cervical range of motion is limited and painful; tenderness with palpation over the posterior spinous process; lumbar range of motion is normal; instability noted in the lumbar

spine; there is pelvic diastasis noted; and positive Faber's test is noted. The treatment plan has included the request for Topamax 25mg quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg qty: 60: 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 topamax Page(s): 21.

Decision rationale: The California MTUS 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 anti-convulsants 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 patient has neuropathic pain but not documented failure of first line anticonvulsant therapy. Therefore the request is not medically necessary.