

<b>Case Number:</b>	CM15-0129017		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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:

This 36 year old male sustained an industrial injury on 8/16/05. He subsequently reported low back pain. Diagnoses include lumbar disc displacement and cervical spondyloarthropathy. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was antalgic gait, tenderness in the lumbar midline spine, sacroiliac joint and right sciatic notch. Lumbar range of motion was limited with pain at end ranges. Kemp's, bilateral Gaenslen's, right sacroiliac joint compression, right Faber's and bilateral straight leg raise tests were positive. A request for Topamax 50 mg, sixty count was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50 mg, sixty count: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topamax  
Page(s): 21.

**Decision rationale:** The California MTUS section on topamax 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 anticonvulsants 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 provided clinical documentation for review does not indicate failure of first lien anti-convulsant therapy for neuropathic pain. Therefore the request is not medically necessary.