

Case Number:	CM15-0142466		
Date Assigned:	09/01/2015	Date of Injury:	01/15/2010
Decision Date:	10/06/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on January 15, 2010. She reported acute pain in her low back region. The injured worker was diagnosed as having lumbar post-laminectomy syndrome status post fusion, removal of posterior fusion hardware with repair of pseudoarthrosis, removal of hardware with revision of pseudoarthrosis and replacement of new hardware, medication-induced gastritis, hypertension, coronary artery disease, reactionary depression and anxiety and lumbar spinal cord stimulator implant. Treatment to date has included diagnostic studies, surgery, physiotherapy, spinal cord stimulator, medication, trigger point injections and psychological evaluation. Trigger point injections provided up to two weeks pain relief, helping her to sleep and be more active. Currently, her spinal cord stimulator was noted to be starting to provide the appropriate paresthesia coverage. On June 23, 2015, the injured worker complained of progressing back pain with radicular symptoms radiating into both lower extremities. There was numbness and tingling in her legs with increased radicular pain. Physical examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were noted to be palpable and tender throughout the lumbar paraspinal muscles. Range of motion was decreased with obvious muscle guarding. Straight leg raise test in modified sitting position was positive bilaterally at 60 degrees with radicular complaints. The injured worker received four trigger point injections on the day of exam. She reported good pain relief of greater than 50% and an increased range of motion a few minutes later. Her spinal cord stimulator was noted to be reprogrammed. The treatment plan included medications, twelve

sessions of aqua therapy, referral to a urologist and a follow-up visit. A request was made for Topamax 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 21.

Decision rationale: The patient presents on 07/23/15 with unrated lower back pain, which radiates into the bilateral lower extremities. The patient's date of injury is 01/15/10. Patient is status post spinal cord stimulator placement on 03/26/15 and status post removal of posterior fusion hardware on 02/17/14. The request is for TOPAMAX 25MG #120. The RFA is dated 07/23/15. Physical examination dated 07/23/15 reveals tenderness to palpation of the lumbar paraspinal muscles bilaterally with increased rigidity and numerous trigger points noted, positive straight leg raise test bilaterally, and decreased sensation along the lateral thighs and calves, as well as the dorsum of the right foot (greater than left). The patient is currently prescribed Norco, Lyrica, Prilosec, Ultracet, Doral, Fexmid, Wellbutrin, Atenolol, Lisinopril, Ativan, Levothyroxine, Topamax, and medical Marijuana. Patient is currently classified as permanent and stationary. MTUS Guidelines, Antiepilepsy Drugs section, page 21 under Topiramate has the following: "Topiramate 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." In regard to the request for Topamax, this medication is not supported for use as a weight loss medication and efficacy has not been demonstrated to that effect. Progress report dated 06/24/15 states the following: "She has been on Topiramate 25MG twice a day for 'weight loss' but it has not helped her in that regard." Progress note dated 07/23/15 also has the following: "Topamax is an excellent second-line anti-neuropathic pain medication with mild anorexic properties. The patient has gained about 60 pounds." In this case, it appears that the Topamax is being utilized not for neuropathic pain control, but rather for its anorexic properties as a weight loss medication. This patient is also currently prescribed Lyrica for neuropathic pain control with documented benefits. While the provider feels as though Topamax is an appropriate medication for the management of this patient's weight gain, it is not supported for weight-loss by MTUS guidelines and progress note 06/23/15 specifically states that it has not been effective in that regard. Therefore, this request is not medically necessary.