

<b>Case Number:</b>	CM15-0173077		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/18/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 2-18-2003. Medical records indicate the worker is undergoing treatment for cervical sprain with facet inflammation and radiculitis, left shoulder impingement, left epicondylitis, carpal tunnel syndrome post-surgery, lumbar discogenic condition, chronic pain syndrome and right wrist pain. A recent progress report dated 7-20-2015, reported the injured worker complained of left shoulder pain, neck pain and low back pain. Physical examination revealed cervical and lumbar paraspinal tenderness and pain along the left shoulder with abduction being 120 degrees with discomfort. Treatment to date has included lumbar epidural steroid injection, physical therapy, hand surgery, Norco and Topamax (since at least 12-6-2012). On 7-20-2015, the Request for Authorization requested Topamax 50mg #60. On 8-4-2015, the Utilization Review noncertified the request for Topamax 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** The California MTUS section on the requested medication 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 patient does have some symptoms of neuropathic pain but no documented failure of first line agents. Therefore, the request is not medically necessary.