

Case Number:	CM15-0178138		
Date Assigned:	09/18/2015	Date of Injury:	04/14/2001
Decision Date:	10/21/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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 51 year old male, who sustained an industrial injury on April 14, 2001. He reported a trip and fall injury. The injured worker was diagnosed as having other chronic pain, pain in joint involving shoulder region, pain in joint involving pelvic region and thigh and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medication, aquatic therapy and acupuncture. Previous acupuncture sessions were noted to provide approximately 50% decrease in his pain level. On April 7, 2015, a combination of Nabumetone-relafen, Pantoprazole, Topamax-topiramate and Tramadol-apap was noted to provide a 30% decrease in his pain level, increasing his tolerance for prolonged sitting and walking and allowing him to perform his activities of daily living with less pain. On August 31, 2015, the injured worker complained of back pain and left leg pain along with intermittent transitory numbness and tingling. His pain was noted to be "made worse" with sitting, bending and lifting. Medication, applying heat and ice and stretching made his pain "better." On the day of exam, he was reported to be using Topamax medication for nerve pain. Notes stated that if Voltaren gel was authorized, the treating physician would make a trial discontinuing all other medications. On September 9, 2015, utilization review modified a request for Topamax-Topiramate 25mg #120 with three refills to Topamax-Topiramate 25mg #120 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax-Topiramate 25mg #120 with 3 refills: 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 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 patient has neuropathic pain but no documentation of failure of first line anticonvulsant therapies. Therefore, the request is not medically necessary.