

Case Number:	CM15-0068007		
Date Assigned:	04/15/2015	Date of Injury:	07/08/2009
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68 year old male, who sustained an industrial injury on 07/08/2009. He reported neck pain that resulted from a fall from stairs 10 feet high. He suffered loss of consciousness and intercranial hemorrhage. The injured worker was diagnosed as having chronic neck pain, chronic migraines and brain injury. Treatment to date has included medications, MRI and physical therapy. According to a partially legible handwritten progress report dated 03/02/2015, headaches were worse. Treatment plan included Oxycodone and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate tablets 100mg, #30 with 60 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 21.

Decision rationale: This 68 year old male has complained of neck pain and headaches since date of injury 7/8/09. He has been treated with medications. The current request is for Topiramate. Per the MTUS guideline cited above, Topiramate is considered for use in neuropathic pain when other anit-epileptic agents have failed. There is no such documentation that other agents have been tried and failed in this patient, or is there clear documentation/ evidence of a neuropathic source of pain. On the basis of the MTUS guidelines and available medical documentation, Topiramate is not indicated as medically necessary in this patient.