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| <b>Case Number:</b>   | CM15-0078692 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 01/26/2013 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2015 |

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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(n) 33 year old female, who sustained an industrial injury on 1/26/13. She reported pain in her left shoulder and arm when a box fell on her. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb and forearm pain. Treatment to date has included physical therapy, left stellate ganglion block and oral pain medications. As of the PR2 dated 4/2/15, the injured worker reports intense pain throughout her body. She tried Gabapentin, but it made her sick. The treating physician noted limited range of motion in the cervical spine and swelling in the left upper arm. The treating physician requested Topiramate 100mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain (Chronic)Anti-epilepsy drugs (AEDs) for pain.

**Decision rationale:** The injured worker sustained a work related injury on 1/26/13. The medical records provided indicate the diagnosis of reflex sympathetic dystrophy of the upper limb and forearm pain. Treatment to date has included physical therapy, left stellate ganglion block and oral pain medications. The medical records provided for review do not indicate a medical necessity for Topiramate 100mg #90. Topiramate is an antiepileptic drug. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The MTUS does not recommend the use of Topiramate unless there is a documentation of failed treatment with other anti-epilepsy medications. The Official Disability Guidelines categorizes it as an "N" drug, meaning it is not recommended, unless following approval by utilization review. Therefore, the requested treatment is not medically necessary.