

Case Number:	CM15-0091947		
Date Assigned:	05/18/2015	Date of Injury:	04/19/2004
Decision Date:	06/17/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/12/2015

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 (IW) is a 44-year-old male who sustained an industrial injury on 04/19/2004 due to a fall. Diagnoses include chronic headaches and chronic neck pain. Treatment to date has included medications and a Burr Hole procedure for evacuation of epidural and subdural hematomas. CT scans of the head, chest, abdomen, pelvis and the thoracic and cervical spine were obtained as well as MRIs of the brain and cervical spine. More recent CT scans of the brain have confirmed resolution of the brain hemorrhage. In the Agreed Medical Evaluation dated 7/28/11, notes from 4/12/10 stated the IW discontinued his Topamax and was using Midrin two to three times weekly, which controlled his headaches. According to the progress notes dated 4/6/15, the IW reported his headaches were worse, occurring 15 days a month and often responding to Naprosyn and Tizanidine. He stated some days are free of headaches. The provider recommended beginning Topamax 25mg at bedtime, increasing it to two tablets if no response in one to two weeks, and continuing Zanaflex and Naprosyn limited to several days a week. On examination, speech was clear, eye movements were full, there was no facial weakness and he had full power in the extremities. A request was made for one prescription of Topamax 25mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), pages 16-21.

Decision rationale: Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports from initial treatment previously rendered for current refills. There is no failed conservative first-line treatment modality, documented ADL limitations of neuropathic origin, or acute flare-up or red-flag conditions to support for its use. The Topamax 25 mg Qty 60 with 2 refills is not medically necessary and appropriate.