

Case Number:	CM15-0097993		
Date Assigned:	05/29/2015	Date of Injury:	03/29/1996
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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, 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 66-year-old male who sustained a work related injury March 29, 1996. According to a primary treating physician's progress report, dated May 7, 2015, the injured worker presented with complaints of ongoing low back pain. The pain is described as aching, throbbing, shooting, and stabbing, radiating down both legs with numbness. With medication, he reports he can get out of bed, shower, do dishes, laundry, and go shopping. Physical examination revealed; wheezing with expiration, antalgic gait, walks with a single point cane, and myofascial tenderness in the lumbosacral area. Diagnoses are; tobacco abuse; post-laminectomy syndrome; myofascial pain; sciatica; depression, major; lumbar degenerative disc disease; chronic constipation. Treatment plan included a signed pain medication agreement and orders for medication. At issue, is the request for authorization for Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate.

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

Decision rationale: CA MTUS states that Topiramate (Topamax) is indicated for the treatment of neuropathic pain. Topamax has variable efficacy. It can be considered for use for neuropathic pain when other anticonvulsants have failed. In this case, the patient has utilized Topamax since at least August 2014. The patient complains of increased lower extremity pain with usage of Topamax, so it is clearly not efficacious. Therefore, the request is deemed to be not medically necessary or appropriate at this time.