

Case Number:	CM15-0098029		
Date Assigned:	05/29/2015	Date of Injury:	12/31/1997
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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, Florida, California
 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 58 year old female, who sustained an industrial injury on 12/31/1997. The current diagnoses are cervical radiculopathy, muscle spasms, fibromyalgia/myositis, and status post cervical fusion. According to the progress report dated 4/24/2015, the injured worker complains of increased neck pain with radiation into the bilateral shoulders, elbows, and occasionally into her fingers. With medications, the pain is reduced to 2-3/10 on a subjective pain scale. The physical examination of the cervical spine reveals loss of normal cervical lordosis, bilateral paraspinal tenderness, and palpable twitch positive trigger points are noted in the muscles of the head and neck, and painful and restricted range of motion. The current medications are Kadian, Norco, Neurontin, Topamax, and Ambien. Urine drug screen on 7/9/2014 was consistent with prescribed medications. Treatment to date has included medication management, trigger point injections, and surgical intervention. The plan of care includes prescription for Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #30 x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 17 of 127.

Decision rationale: This claimant was injured back in 1997. There is subjective pain reduction with medicine, but from which medicine is not known. There is no documentation of objective, functional improvement. The MTUS notes that for chronic non-specific axial low back pain, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. (Chou, 2007) There was one randomized controlled study that has investigated topiramate for chronic low back pain. (Muehlbacher, 2006) This study specifically stated that there were no other studies to evaluate the use of this medication for this condition. Given the lack of study of this medicine for chronic pain, the request is not medically necessary and appropriate.