

Case Number:	CM15-0099463		
Date Assigned:	06/01/2015	Date of Injury:	06/06/1996
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 6/6/96. The injured worker was diagnosed as having degeneration of the intervertebral disc, cervical post-laminectomy syndrome, and degeneration of the lumbar intervertebral disc. Treatment to date has included physical therapy and medication. On 2/6/15 pain was noted to be rated as 3-4/10. The injured worker had been taking Topamax since at least 6/11/14. Currently, the injured worker complains of back pain and spasms in the back, sides, and legs. The treating physician requested authorization for Topamax 200mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 200mg #90 take 1 tablet every morning and 2 tablets every evening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97 and 124; 21 and 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-21 Page(s): 16-21. Decision based on Non-MTUS Citation Topamax Prescribing Information.

Decision rationale: The claimant sustained a work injury in June 1996 and continues to be treated for neck and low back pain with upper extremity numbness and tingling and lower extremity weakness. Diagnoses include post laminectomy syndrome of the cervical spine. When seen, pain was rated at 6-7/10. Medications were providing 50% pain relief. Physical examination findings included appearing anxious and depressed. The claimant's BMI is 42. Topamax is being prescribed at a total dose of 300 mg per day. Antiepilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The dose being prescribed is within recommended guidelines and therefore was medically necessary.