

<b>Case Number:</b>	CM14-0103486		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year old male who reported an injury on 01/03/2013. The mechanism of injury that occurred was a fall. His diagnoses included right knee pain and chondromalacia of the knee. His past treatments included medications, physical therapy, home exercise program, acupuncture, transcutaneous electrical nerve stimulation and cortisone injections. The diagnostic exams included an MRI on 05/10/2013. There was no surgical history noted in the clinical notes. On 06/05/2014 the injured worker complained of right knee pain but the additional subjective complaints are not legible as they were handwritten. The physical exam findings revealed tenderness to palpation of the right knee and decreased range of motion to the right knee. His medications included Topiramate, Norco, Naproxen, Terocin cream and Lidopro ointment. The treatment plan consisted of Topiramate 50mg #60, diet modifications and continuation of home exercise program. The rationale for request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 50 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate. Decision based on Non-MTUS Citation Official Disability Guidelines, Topiramate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 21.

**Decision rationale:** The request for Topiramate 50mg #60 is not medically necessary. The California MTUS guidelines recommend anti-epileptic medications for neuropathic pain due to nerve damage. The guidelines also state that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for the use of neuropathic pain when other anticonvulsants fail. Based on the clinical notes there are no clear documentation of the trial use and failure of other anticonvulsants to alleviate discomfort associated with the injured worker's pain. Additionally, the injured worker was not clearly show to have neuropathic pain to support the use of Topiramate. Furthermore, the request, as submitted, did not specify a frequency of use. As such, the request for Topiramate 50mg #60 is not medically necessary.