

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 31, 2012 AMENDED: JANUARY 7, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed medication Topamax X 25MG on QD X 1week then one BID#60, 3 refills

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
987.9, 784.0	Topamax X 25MG on QD X 1week then one BID#60, 3 refills		Prop	1					Upheld

TDI-HWCN-Request for an IRO- 17 pages

Respondent records- a total of 40 pages of records received to include but not limited to: TDI letter 12.11.12; letters 10.19.12, 11.2.12; letter from 12.7.12; report, Dr Neurological 10.9.2011; CT Head 7.12.12; X-ray Chest 7.12.12; Flow sheet; Medical Center record; letter 9.25.12

Requestor records- a total of 6 pages of records received to include but not limited to: Neurological records 10.9.11-12.5.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reports that on xx/xx/xx, she was exposed to an unknown chemical agent. A medical evaluation was performed in the emergency room at Medical Center. The injured employee experienced headaches and vomiting.

The physical examination documented decreased bowel sounds but no other physical examination findings to any other systems. A CT study of the head was performed and documented a normal study. A chest x-ray was performed and was noted to be normal. A CBC and chemistry panel was within normal limits and a urinalysis was positive for a urinary tract infection. Homeland Security indicated that the agent was a disinfectant that had spilled. The clinical assessment was urinary tract infection and syncope. The injured employee was given a prescription for Cipro.

The next medical examination was not until September 25, 2012. It was noted that Ms. was experiencing daily headaches and had been treated with Imitrix, which was making her sleepy. There was no dizziness or weakness. The physical examination was without focal findings.

A neurological consultation was performed By Dr. on October 9, 2012. It was noted that Ms. was exposed to some chemical/fumes in the lavatory in the back of the airplane while working as a xx for xx. Also, Ms. was exposed to heat and about thirty minutes after takeoff, the injured employee passed out. There was no seizure activity. Ms. was taken to Medical Center after the xx. The ongoing complaint is prefrontal, pounding headaches occurring daily 4-5/10. At worst, the headaches are 7-8/10. Vomiting has occurred with the headaches. There is some sono-sensitivity but no photosensitivity. There have been no other neurologic symptoms and no history of migraine headaches.

The physical examination documented a normal neurological examination. Ms. was assessed with toxic heat exposure and toxic induced migraine headaches. Ms. was continued on Fioricet and started on topiramate.

A utilization review was performed by Dr. on October 19, 2012, for topiramate which was not certified. The decision was based on the fact that the injured employee was assessed with syncope after the chemical/fume exposure and the neurological examination was normal. The injured employee was describing migraine type headaches and the use of Topamax would be off-label and investigational. It was noted that the injured employee had not failed other first line treatments. Therefore, the medical necessity was not established.

A Designated Doctor Examination was performed by Dr. who indicated that Ms. was not at maximum medical improvement and that Topamax was an appropriate treatment. The injured employee had been given five days of samples, which was providing good symptom relief.

Another utilization review was performed on November 2, 2012, which noted that based on medical literature, Topamax was not recommended, as the injured employee had not failed first line medications for migraine headache prophylaxis.

A follow-up examination with Dr. on December 5, 2012, noted that the injured employee's blood pressure was 174/113. The injured employee noted that the prior five day trial of topiramate had worked well.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

The original decision and appeal decision of non-certification of Topiramate should be upheld. As noted in the Division mandated Official Disability Guidelines Pain chapter updated November 29, 2012, Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity but the side effect profile limits its use in this regard. It is classified as an anti-epileptic drug. The FDA does indicate that Topiramate can be used as a preventative medication for migraine headache.

The original diagnosis was syncope and urinary tract infection. The neurological work-up was negative. In my medical judgment, and for the safety of Ms. the current uncontrolled hypertension must be addressed immediately. It was noted that Ms. had used Imitrix which made her sleepy. Like Imitrix, Topamax also has sedative side effects. Fioricet was also used for headaches. But other migraine headache medications had not been tried such as Maxalt, Zomig, or Midrin, which are classified as migraine therapy medications. Therefore, other first line migraine therapies should be exhausted prior to use of an anticonvulsant medication.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES