

Case Number:	CM13-0013029		
Date Assigned:	06/06/2014	Date of Injury:	05/05/2009
Decision Date:	10/24/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/19/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 53-year-old female who has submitted a claim for facet syndrome, cervical strain/sprain and cervical headache associated with an industrial injury date of May 5, 2009. Medical records from 2013 were reviewed, which showed that the patient complained of Examination showed tenderness over the left more than the right cervical posterior elements of the mid L4 levels. There was greater pain on the left twisting to 60 degrees compared to nonpainful twisting to the right 75 degrees. Cervical distraction was painful but not so much with flexion. Treatment to date has included medications, physical therapy, home exercise, massage, psychological treatments and injections. Utilization review from July 9, 2013 denied the request for TOPAMAX 50MG #60 and GABA KETO/CAPSAICIN TWICE A DAY X ONE MONTH. The reasons for denial were not found from the records provided. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topomax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Topiramate Page(s): 16-17, 21.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. Topiramate is considered for neuropathic pain when other anticonvulsants fail. In this case, it is not clear when the patient started using Topamax. The records show that the patient had tried SNRIs and tricyclics for her neuropathic pain. However, there is no evidence that these medications had already failed. There was also no evidence that the patient had tried using pregabalin and gabapentin. It is not clear as to why first line treatment would not suffice and that second line treatment has to be used. Therefore, the request for topamax 50mg #60 is not medically necessary.

Gaba keto/capsaicin twice a day x one month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 28-29, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111.

Decision rationale: As noted on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for topical applications. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. In this case the patient was prescribed GABA KETO/CAPSAICIN TWICE A DAY X ONE MONTH. However, records show that she is able to tolerate oral medications. Furthermore, the guidelines do not recommend ketoprofen and gabapentin as topical compounds. Therefore, the request for gaba keto/capsaicin twice a day x one month is not medically necessary.