

Case Number:	CM13-0022008		
Date Assigned:	10/16/2013	Date of Injury:	02/10/2009
Decision Date:	05/05/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/09/2013

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 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:

According to the records made available for review, this is a 51-year-old female with a March 10, 2009 date of injury. At the time of the request for authorization for Topiramate 25MG, QTY 60 and Methoderm topical (August 26, 2013), there is documentation of subjective (right arm soreness, a bump on the right forearm causing numbness and tingling, and feeling stressed) and objective ("TFP") findings, current diagnoses (wrist sprain/strain, forearm sprain/strain, shoulder strain, and cervical sprain/strain), and treatment to date (acupuncture treatment). Medical report identifies a request to start Topiramate and Methoderm topical. Regarding Topiramate 25MG, QTY 60 and Methoderm topical, there is no documentation of neuropathic pain when other anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE 25MG, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), Page(s): 21.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. Within the medical information available for review, there is documentation of diagnoses of wrist sprain/strain, forearm sprain/strain, shoulder strain, and cervical sprain/strain. However, there is no documentation of neuropathic pain when other anticonvulsants have failed. The request for Topiramate 25 mg, sixty count, is not medically necessary or appropriate.

MENTHODERM TOPICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation website Drugs.com.

Decision rationale: Medical Treatment Guideline identifies Menthoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. The Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of wrist sprain/strain, forearm sprain/strain, shoulder strain, and cervical sprain/strain. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. The request for Menthoderm topical is not medically necessary or appropriate.