

Case Number:	CM13-0023614		
Date Assigned:	11/15/2013	Date of Injury:	02/01/2011
Decision Date:	01/08/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports 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 physician 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.

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 36-year-old female who reported an occupational injury on 06/04/2009 and again on 02/01/2011. The patient's claim on 06/04/2009 is for an injury to the lumbar spine and the claim on 02/01/2011 is in regards to bilateral carpal tunnel syndrome. The patient's treatment history has consisted of physical therapy for both the spine and wrists, injection therapy for the spine and wrists, activity modifications, oral medications, topical medications, aquatic therapy for the spine, lumbar support, and carpal tunnel release surgery. The records indicate that the patient began treatment with Dendracin cream in 06/2011 for the treatment of carpal tunnel syndrome pain and began Topamax in 01/2012 secondary to radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Topamax 50mg, DOS: 8/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax (Topiramate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: The California MTUS indicates that antiepileptic medications may be recommended for neuropathic pain. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful

polyneuropathy with few clinical trials directed at central pain and none for painful radiculopathy. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In regards to the use of Topamax specifically, while this drug has been shown to have variable efficacy, it has failed to demonstrate efficacy and neuropathic pain of central etiology. Furthermore, it should be used for neuropathic pain only when other anticonvulsants have failed. According to the documentation submitted for review, the patient was started on Topamax 01/19/2012 for treatment of radicular pain. However, there appears to be no clinical trials directed at the use of AEDs for painful radiculopathy. Furthermore, there is a lack of evidence to show that the patient had tried and failed any other antiepileptics such as gabapentin or Lyrica; nor do the records show evidence that pain relief and improvement in function were documented. Given the above, this request cannot be supported and is therefore non-certified

Retrospective Dendracin lotions 120mg, DOS: 8/23/2013, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The CA MTUS states that topical non-steroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and of short duration. They have been found in studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. However, again the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. According to the documentation submitted for review, the patient was prescribed Dendracin cream secondary to pain related to carpal tunnel syndrome. Given that Dendracin cream contains a topical nonsteroidal anti-inflammatory component which have only demonstrated limited efficacy in the first 2 weeks of treatment for osteoarthritis with diminishing effects thereafter and a lack of documented evidence that the patient has a diagnosis of osteoarthritis, the use of this topical analgesic containing a nonsteroidal anti-inflammatory cannot be supported for use with indication of carpal tunnel syndrome. As such, this request cannot be supported and is therefore non-certified.

