

Case Number:	CM13-0029583		
Date Assigned:	11/01/2013	Date of Injury:	07/06/2009
Decision Date:	02/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

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 Internal Medicine has a subspecialty in Cardiology and is licensed to practice in Texas. 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. 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 51-year-old injured worker who reported an injury on 07/06/2009 that resulted in left knee ACL reconstruction. The patient was treated postoperatively with physiotherapy. The patient developed chronic pain and cervicogenic headaches that were managed by medications. The patient also received psychological support. The patient's most recent clinical examination findings included tenderness to palpation over the cervical spinal musculature and trapezius medial scapular and suboccipital region with multiple trigger points and taut bands palpated. The patient's treatment history included stretching exercises, physical therapy, NSAIDs, and muscle relaxants that failed to control the patient's symptoms. The patient's diagnoses included left knee degenerative joint disease with ACL tear, lumbar myoligamentous injury, cervical myoligamentous injury, and reactionary anxiety and depression. The patient's medications included Norco 10/325 mg, Anaprox 550 mg, Prilosec 20 mg, Topamax 50 mg, Wellbutrin 100 mg, Xanax 2 mg, and Dendracin topical analgesic cream. The patient's treatment plan included continuation of medications, a Synvisc injection to the left knee, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Topical Analgesics, Topical salicylate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Antiepilepsy drugs (AEDs) Page(s): 16 and 60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends anticonvulsants such as Topamax for neuropathic pain when other anticonvulsants have failed. The clinical documentation submitted for review does not provide any evidence that first line anticonvulsants have failed to treat this patient's symptoms and does not show that any evidence that the patient's pain is neuropathic in nature. As there is no indication that the patient's pain is neuropathic in nature continued use of this medication cannot be supported. Also, California MTUS Guidelines recommends the use of medications in the management of chronic pain be supported by increased functional benefit and symptom relief. The clinical documentation submitted for review does not provide any specific evidence of increased functional benefit or symptom relief related to this medication. The request for Topamax 50 mg twice a day is not medically necessary and appropriate.

Dendracin cream 120 ml three times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Antiepilepsy drugs (AEDs) Page(s): 16 and 60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the use of topical analgesics for pain control. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The requested Dendracin medication includes methyl salicylate, menthol and capsaicin. The California MTUS does recommend the use of methyl salicylate and menthol as a topical analgesic for osteoarthritic pain. However, the use of capsaicin in a topical formulation should only be used when the patient has failed to respond to other analgesics and other first line treatments. Additionally, the California MTUS recommends the use of medications in the management of chronic pain be introduced singularly. Therefore, a medication containing several agents of medication would not be supported. The request for Dendracin cream 120 ml three times a day is not medically necessary and appropriate.

Retrospective request for Prilosec 20 mg twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends gastrointestinal protectants when the patient is at risk for developing gastrointestinal related symptoms due to chronic medication usage. The clinical documentation

submitted for review does not provide any evidence of gastrointestinal issues that would support the need for this medication and no evidence that the patient has gastrointestinal disturbances related to medication usage. The retrospective request for Prilosec 20 mg twice a day is not medically necessary and appropriate